Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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: (850)617-6383

From:

Account Name : HISPANUSA INC Account Number : 120070000099 Phone : (954)478-2706 Fax Number : (954)934-0334

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Email	Address:		
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DEL NOY 12 PM 4: #1

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CIRO ROOFING & CARPENTRY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

NOV 15 2021

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COVER LETTER

TO: Registration So Division of Co			28				
	CIRO ROOFING	& CARPENTRY LLC	2021 NOV				
SUBJECT:	Name of Limi	ted Liability Company					
	Amendment and fee(s) are subsondence concerning this matter		3				
Troub rotati ali von sep		NZALEZ TOVILLA, CIRO					
		Name of Person					
	. CIRO ROO	FING & CARPENTRY LLC					
		Firm/Company					
		12181 57TH RD N					
		Address					
	w	EST PALM BEACH - FL 33411					
		City/State and Zip Code					
	*	oboten@yshoo.com					
		to be used for future annual report notif	ncation)				
For further information	concerning this matter, please c						
CIRO GONZALEZ TO	VILLA	at ()					
Name	of Person	Area Code Daytim	e Telephone Number				
Enclosed is a check for	the following amount:						
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	 \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 				
Mailing Addr Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassce, FI	porations Fallahassee e Street, Suite 810				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CIRO ROOFING & CARPEN	TRY LLC		2 55		
(Name of the Limited Liability Company a (A Florida Limited Liab	s it now appears lity Company)	on our records.)			
The Articles of Organization for this Limited Liability Company we Florida document number L21000071113	re filed ou	02/10/2021	and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company her	<u>re</u> :			
The new name must be distinguishable and contain the words "Limited Liability of	Company," the de	signation "LLC" or the a	boreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address here:	lress on our re	ecords, <u>enter the na</u>	me of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	Enser Florida street address				
	tain the words "Limited Liability Company here: tain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." f applicable: STREET ADDRESS) ble: FFICE BOX) and/or registered office address on our records, enter the name of the new regise address here: City Zip Code tanging Registered Agent: registered agent and agree to act in this capacity. I further agree to comply with the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties, and I am familiar with and the praper and complete performance of my duties.				
	City		Zip Code .		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete per accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of ovided for in C	my duties, and Lam Chapter 605, F.S. O	i Jamiliar with and r, if this document is		

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	DIANA ARCE	12181 57TH RD N	∭Add
			Remove
		WEST PALM BEACH FL 33411	□Change
			□ Add
			□Remove
			©Change
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			= Remove
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record specifies a delayed effective is filed.	e date, but n	ot an cifective	imic, at 12:01	a.m. on the	earrier of: (0)	The 90th day an	er cur
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