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(Requestor's Name)
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PICK-UP WAIT MAIL
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COVER LETTER

TO: Registration Se Division of Cor			
G&R ROO	FING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	RAFAEL CANCIO		
		Name of Person	·
	G&R ROOFING LLC		
	-	Firm/Company	· <u>····</u>
	7521 NW 77TH TERRAC	re	
		Address	
	MEDLEY, FL 33166		
		City/State and Zip Code	
	topexwindows@gmail.com		
For further information of	e-mail address: (concerning this matter, please c	to be used for future annual report not all:	ification)
RAFAEL CANCIO		305 316-6357	
Name o	f Person		ne Telephone Number
Enclosed is a check for t	he following amount:		•
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration		Street Address: Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632		The Centre of	
Tallahassee,	ΓL 34314	2410 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

G&R ROOFING LLC		
(Name of the Limited Liab (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on 04/05/2021	and assigned
Torida document number 1.21000157005		· · · · · · · · · · · · · · · · ·
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the lin	mited liability company here:	
he new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	DRESS)	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
naming damess mer be A 1 031 07 11CL BOX)		
		······································
3. If amending the registered agent and/or register	ed office address on our records, enter the name	of the new registe
gent and/or the new registered office address here	:	in:
		• 3
Name of New Registered Agent:		
		2.7
New Registered Office Address:		
	Enter Florida street address	5.0
	. Florida	, c
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

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>	Name	Address	Type of Action
AMBR	LUIS DEL CRISTO ESCUDERO '	16565 NE 26 AVE APT 6H	
		N MIAMI BEACH, FL 33160	
			□Change
			□Add
			□Remove
			Change
			□Remove
			Change
			Remove
			□Change
			□Add
			□Remove
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n effe He:	ye date, if other than the date of filing: (optional) ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
cord s file	d.
15 1116	d
15 1116	a
19 1116	u.

Filing Fee: \$25.00