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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations		
	ERPROOFING & PAINTING	II, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
A.L. WATERPROOFING & PAINTING II, LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CANDY KAPLAN Name of Person KRUGER TAX ACCOUNTING & FORENSIC ASSOCIATES, PLLC Firm/Company 7451 WILES ROAD, STE 204 Address CORAL SPRINGS, FL 33067 City/State and Zip Code CANDY@KTAFA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LIZBETH OQUENDO Name of Person Name of Person Name of Person Senciosed is a check for the following amount: Senciosed is a check for the following amount: Senciosed is a check for the following amount: Certificate of Status Certificate Copy (additional copy is enclosed) Certificate Copy (additional copy is enclosed)			
Please return all correspo	ondence concerning this matter	to the following:	
·	J	ū	
	CANDY KAPLAN		
	•	Name of Person	
	KRUGER TAX ACCOUN	TING & FORENSIC ASSOCIAT	ES, PLLC
		Firm/Company	
	7451 WILES ROAD, STE	204	
		Address	
	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. prrespondence concerning this matter to the following: CANDY KAPLAN Name of Person KRUGER TAX ACCOUNTING & FORENSIC ASSOCIATES, PLLC Fims/Company 7451 WILES ROAD, STE 204 Address CORAL SPRINGS, FL 33067 City/State and Zip Code CANDY@KTAFA.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: NDO Same of Person Area Code \$ 534.3481 Area Code Area Code \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		
		City/State and Zip Code	 -
	E-mail address: (to be used for future annual report noti	·
For further information c	oncerning this matter, please ca	all:	1
LIZBETH OQUENDO			
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
	□ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
Mailing Address			otion
P.O. Box 632	•		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A.L. WATERPROOFING & PAI	-	
(Name of the Lin	ited Liability Company as it now appe (A Florida Limited Liability Company	ars on our records.)
The Articles of Organization for this Limited	Liability Company were filed on 5	/14/2021 and assigned
Florida document number L21000225416	·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company l	nere:
The new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C.",
Enter new principal offices address, if appli	cable:	÷ , *
Principal office address MUST BE A STRE		
		
Enter new mailing address, if applicable:		පි ස
Mailing address MAY BE A POST OFFICE		
B. If amending the registered agent and/or	•	records, enter the name of the new register
gent and/or the new registered office addr	<u>ess here</u> :	
Name of New Registered Agent:	KRUGER TAX ACCOUNTING	& FORENSIC ASSOCIATES, PLLC
New Registered Office Address:	7451 WILES ROAD, STE 204	
now registered office reduces.	Enter Fl	orida street address
	CORAL SPRINGS	, Florida 33067
	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 Begivered Agent

14 March

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
MGR	ORTIZ, ANGEL	2980 W 84 ST, UNIT 7	
		HIALEAH, FL 33018	■Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
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<u>lote:</u> If th	late, if other than the de date is listed, the date must be date inserted in this block effective date on the Dep	ck does not meet the	applicable statutor	ng or more than 90 days y filing requirement	(optional) s after filing.) Pursuant to s, this date will not be	605.0207 (listed as t
record sp d is filed.	ecifies a delayed effective	date, but not an effe	ective time, at 12:01	a.m. on the earlier	of: (b) The 90th day a	after the
ated	5/14/202	·	-Alf	hus		
						_
	S	ignature of a member	or authorized represe	ntative of a member		

Filing Fee: \$25.00