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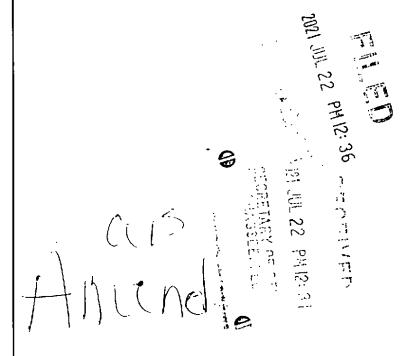
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COVER LETTER

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			
(1.10.1F)		Services LLC		
SUBJEC	تا:	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Carlos Espinoza		
			Name of Person	
		****	Firm/Company	
		14 Birchbark Ln		
			Address	
		Palm Coast, FL 32137		
		espinozac823@gmail.com E-mail address: (City/State and Zip Code to be used for future annual report noti	fication)
For furtl	her information c	concerning this matter, please c	all:	
Carlos Espinoza		904 728-6824 at ()		
Name of Person		Area Code Daytim	e Telephone Number	
Enclose	d 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)
	Mailing Addres		Street Address:	vetion
Registration Section Division of Corporations			Registration Se Division of Cor	
	P.O. Box 632	•	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Apex Roof Services LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on July 19th, 2021	and assigned
Florida document number 1.21000326166		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		22
Enter new mailing address, if applicable:		是了
Mailing address MAY BE A POST OFFICE BOX)		υ <u>ν</u>
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, enter the n	name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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>	<u>Name</u>	Address	Type of Action
AMBR	Carlos Espinoza	2635 SW 35th Place Apt 1903. Gainesville, FL 3260	8 □Add
			□Remove
			= Change
AMBR	Eddy Espinoza	14 Birchbark Ln. Palm Coast, FL 32137	□ Add
			□Remove
4			□Add
			□Remove
			□Change
			□Add
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f an effecti Note: If	date, if other the date is listed, the date inserted in the date of the date o	date must be speci this block does	filing: fic and cannot be not meet the	be prior to date o applicable stat	f filing or more the utory filing req	(option in 90 days after fi uirements, this o	ling.) Pursuant to 6	05.0207 (sted as t
rd is filed				ctive time, at 1	2:01 a.m. on the	e earlier of: (b)	The 90th day af	ter the
	July 22,7	2021	·					
Dated		The install						
Dated	July 22, 2	Minoga	e of a member	or authorized rep	oresentative of a r	nember		

E. 635.00