## L21000398562

(Re	questor's Name)	
(Ad	dress)	
(Ād	dress)	
(Cit	y/State/Zip/Phone	÷ #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to I	Eiling Officer:	

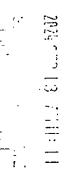
Office Use Only



700436461357

09/13/24--01018--023 \*\*60.00

9/17/24 K/X



## COVER LETTER

	gistration Se vision of Cor				
CHBICT.	ARCH RO	OFING & REPAIR, LLC			
SOBJECT,	<del></del>	Name of Lin	nited Liability Company	<del>.</del>	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please returi	ı all correspo	ndence concerning this matter	to the following:		
		ZIARA ARDEN-DANNE	ENFELSER		
	Name of Person				
		ARCH ROOFING & REP	PAIR, LLC		
			Firm/Company		
		1644 Bayshore Blvd			
			Address	141	
		Dunedin, FL 34698			
			City/State and Zip Code		
		ziaratheroofer@gmail.com E-mail address: (	to be used for future annual report notificat	ion)	
For further i	nformation co	oncerning this matter, please co	·		
	DENI DANS	PNIPP 0121N	051 205 2020		
Name of Person		Person	Area Code Daytime Te	lephone Number	
Enclosed is a	a check for th	e following amount:			
□ \$25,00 I	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)	
Re Div P.C	iling Address gistration S vision of Co D. Box 632 Hahassee, F	ection orporations 7	Street Address: Registration Section Division of Corpor The Centre of Talls 2415 N. Monroe St Tallahassee, FL 32	ations ahassee treet, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARCH ROOFING & REPAIR LLC

(Name of the Limited Liab) (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Florida document number L21000398562	Company were filed on	)21	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company here:		
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the design	ation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	ed office address on our recor	ds, enter the nam	
Name of New Registered Agent:			
New Registered Office Address:			
	reet address		
	City	, Florida	150)
N. D. C. L. A. O. C.			r Zip Code⊋
New Registered Agent's Signature, if changing Registere			J
I hereby accept the appointment as registered agent	and agree to act in this capa	city. I further agr	ee to comply with th

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	DIXON, CHARLES S	7051 Wentworth Way	
		New Port Richey, FL 34655	
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
<del></del>			🗆 Add
			□Remove
			□Change
			□Add
			□ Remove
			☐Change
			□Add·
			∏Change

	*** *** **				<del></del>	<del></del>	
	<u>,</u>						
							<del></del>
					<u></u>		
					······································		
				<u>.</u>			
					<u> </u>		<del></del>
							<del></del>
							<del></del> -
							<del></del>
Effective (	date, if other th	an the date of	filing:		(option	nal)	
f an effectiv Note: Heth	e date is listed, the o	date must be specif	ic and cannot be pr	for to date of filing c	r more than 90 days after fi iling requirements, this o	ling.) Pursuant lare will not	to 605,0207 be listed as a
	s effective date or				ining requirements; this c	ance with not	oc nated as
record sp	ecities a delayed	effective date, bu	it not an effective	time, at 12:01 a.:	m. on the earlier of: (b)		iy after the
d is filed.						= 'C'	
S	eptember 2nd		2024		_	:	•
Dated	·		_· _/				, 
		<					ى -
	<del></del>	Signature	of Commber or au	thorized representa	tive of a member		— <u>:</u>

Filing Fee: \$25.00