L21000477748

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eusiness Entry (1200)
(Document Number)
(Bocament Names)
Contification of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

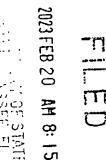
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COVER LETTER

TO: . Registration Section

Division of Corporations

Tallahassee, FL 32314

SUBJECT:	FORMANCE ROOFING LLC			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DELIA MARTINEZ			
	<u></u>	Name of Person	······································	
		Firm/Company		
	4181 CITRUS ST			
		Address		
	KISSIMMEE FL 34746			
		City/State and Zip Code		
	DELIAMREALESTATE@			
	E-mail address: (to be used for future annual report not	ification)	
For further information c	oncerning this matter, please co	all:		
DELIA MARTINEZ		321 460-7904 at ()		
Name o	f Person		ne Telephone Number	
Enclosed is a check for th	ne following amount:			
□ \$25.00 Filing Fee	S30.00 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 Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations			Division of Corporations	
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BEST PERFORMANCE ROOFING LLC (Name of the Limited Liability Company as It now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L21000477748 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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 applicable: (Principal office address MUST BE A STREET ADDRESS) 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 on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida ___

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>	<u>Address</u>	Type of Action
VP	DELIA J MARTINEZ	617 RED OAK CIRCLE UNIT 109	□Add
		ALTAMONTE SPRINGS, FL 32701	■Remove
			□ Remove
			Change
	 	·	□Add
		<u></u>	□Remove
			☐ Change
			□Add
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			□ Add
			□Remove
			□ Change
			□Add
			□ Remove
			□ Change

Page 2 of 3

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fan ef <u>Vote:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	FEBRUARY 13TH 2023
aicu	Ochella Run
	Signature of a member or authorized representative of a member