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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration So Division of Cor						
MAP Roofi	ing and Construction LLC					
SUBJECT:						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Marco Prieto					
		Name of Person				
	MAP Roofing and Construction					
	Firm/Company					
	16570 Orange Blvd					
		Address				
	Loxahatchee					
		City/State and Zip Code				
	map@maproofgc.com					
		to be used for future annual report not	ification)			
For further information c	oncerning this matter, please c	all:				
Marco Prieto		954 789-3485 at ()				
Name of Person			ne Telephone Number			
Enclosed is a check for the	ne 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 Address		Street Address:	ection			
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.O. Box 6327			The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAP Roofing and Construction LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 08/08/2022 and assigned Florida document number 1.21000477861 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MAP Construction and Design LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 16570 Orange Blvd Loxahatche Fl 33470 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16570 Orange Blvd Loxahatche Fl 33470 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.

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>	Address	Type of Action
			□Add
		<u> </u>	□Remove
			□Change
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Tective date, if other than the of an effective date is listed, the date must	date of filing:	(optional)
an effective date is listed, the date must ote: If the date inserted in this blo	be specific and cannot be prior to ock does not meet the applicable	late of filing or more than 90 days e-statutory filing requirements	after filing.) Pursuant to 605,0207 5. this date will not be listed as t
ocument's effective date on the De		,g	
record specifies a delayed effective	date, but not an effective time	, at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
is filed.			
August 8	2022		
ated Magdist II			
	Signature of a member or authorize	ed representative of a member	
	<i>a</i>		
Marco Prieto			

Typed or printed name of signee