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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #)	
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	OVEL PEREZ PEREZ		
		Name of Person	
	PERFECT JOB OP ROOF	ING LLC	
		Firm/Company	
	1528 POWDER AVE		
		Address	
	PERFECT JOB OP ROOFING LLC Firm#Company 1528 POWDER AVE Address APOPKA, FL 32703 City/State and Zip Code globaltexto@yahoo.com E-mail address: (to be used for future annual report notification) information concerning this matter, please call: REZ PEREZ 218 Name of Person 330-7183 Area Code Daytime Telephone Number a check for the following amount: Filing Fee Certificate of Status Certificate Copy fadditional copy is enclosed) additional copy is enclosed) additional copy is enclosed) alling Address: egistration Section Prission of Corporations O. Box 6327 The Centre of Tallahassee		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	iification)
For further information	concerning this matter, please c	all:	
OVEL PEREZ PEREZ			
Name	of Person	Area Code Daytir	me Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Registration Division of	Section Corporations 327	Registration So Division of Co The Centre of	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERFECT JOB OF ROOFING 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 11/05/2021 and assigned Florida document number 1.21000480297 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: PERFECT JOB OF CONSTRUCTION & REMODELING LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." 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: Enter Florida street 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.

City

If amending Authorized Person(\$) 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>	Name	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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			□Change
			□Remove
			□Chanve

				
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n effective date is listed, the date must be stee: If the date inserted in this block d	pecific and cannot be prior t	o date of filing or more than ble statutory filing requi	90 days after filing.) Pursuan	t to 605.020 be listed as
nument's effective date on the Depart		, , ,		
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cord specifies a delayed effective date s filed.	e, but not an effective fir	ne, at 12:01 a.m. on the	zarner or; (b) The 90th or	ay after the
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Signa	ture of a member of autho	rized representative of a me	ember	