KZZ0000 10284

(Requestor's Name)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
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S. PRATHE

COVER LETTER

TO: Registration So Division of Cor	ection porations		
	ORIDA METAL ROOFING, L	LC	
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are subtondence concerning this matter		
·	ALDIN Y MEJIA		
		Name of Person	
	MIAMI FLORIDA META	L ROOFING. LLC	
		Firm/Company	
	16267 SW 157 AVENUE		
		Address	· <u></u>
	MIAMI, FL 33187		
		City/State and Zip Code	
	MIAMIFLORIDAMETALI	ROOFING@GMAIL.COM to be used for future annual report no	(fication)
For further information	concerning this matter, please of		
ALDIN Y MEJIA		832 606-8541	
Name	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fcc & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Cupy (additional copy is enclosed)
Mailing Addre Registration		Street Address: Registration S	
	Corporations	Division of C The Centre of	

Tallahassec, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	OF	
		7 27
MIAMI FLORIDA METAL ROOFING, LLC		ETT.
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)	
(A. L. Dilling Chilling	need diability Company)	195 185 9 6
The Articles of Organization for this Limited Liability Compa	any were filed on01/07/2022	and assigned (a)
Florida document number L22000010284		> 01
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited !	liability company here:	
The real part and by first of the last of		
The new name must be distinguishable and contain the words "Limited L	inbility Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	D	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offi	ce address on our records, enter the nam	e 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	
	, Florida	
	City .	Zin Coula

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>	Name	Address	Type of Action
MGR	ALEJANDRO ONDARZA	2809 NE 15 STREET	= Add
		POMPANO BEACH, FL 33062	□Remove
	_	<u>.</u>	□ Change
			□Add
			□Remove
			☐ Change
			🗆 Add
			□Remove
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			DAdd
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			Remove

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ffective date, if other than the dian effective date is listed, the date must biote: If the date inserted in this bloc ocument's effective date on the Dep	ate of filing: be specific and cannot b k does not meet the	applicable statutor	ne or more than 90 day	(optional) ys after filing.) Pursua ts, this date will no	nt to 605.020 t be listed a
record specifies a delayed effective of is filed.	late, but not an effec	ctive time, at 12:0	a.m. on the earlier	of: (b) The 90th (lay after the
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