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(Reques	tor's Name)	
(Address	i)	
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COVER LETTER

	egistration Se ivision of Cor		*	•	
CUBILCT		ROOFING LLC	•		
SUBJECT	•	Name of Lim	nited Liability Company	-	
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retu	rn all correspo	ondence concerning this matter	to the following:		
		EDA PAZ HERRERA			
			Name of Person		22
			Firm/Company		22 AUG 11 AM 6: 55
		1703 SUE ANN ST			
		· · · · · · · · · · · · · · · · · · ·	Address		6: 8
		ORLANDO FL 32825			
		CATRACHA100PRE52@0	City/State and Zip Cod GMAIL.COM	de	
12 6 4			to be used for future annu	ual report notificatio	n)
	HERRERA	concerning this matter, please c		381-2209	
		of Person	at () _ Area Code		phone Number
	, vange o	i i cison	Area cooc	Dayinic Tele	profile (vortibe)
Enclosed is	s a check for t	he following amount:			
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing For Certified Copy tadditional copy is		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres			Address:	
	legistration (Section Corporations	-	stration Section sion of Corpora	
	O. Box 632			Centre of Tallah	
	allahassee,			N. Monroe Str	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TACTILL ROOFING LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
he Articles of Organization for this Limited Liability Company w	vere filed on 01/18/2022	and assi	gned
forida document number 1.22000033481			
his amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liabili	ity company here:		
he new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the ab	breviation "L.I	C."
inter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
		<u>~</u>	<u> </u>
		<u>-</u>	<u> </u>
and the state of t		_	말
nter new mailing address, if applicable:	3	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		ــــــــــــــــــــــــــــــــــــــ	<u> </u>
		<u> </u>	-
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here: Name of New Registered Agent:	idress on our records, <u>enter the nam</u>	ne of the nev	v regis
New Registered Office Address:			
	Emer Florida street address		
	, Florida		
	City	Zip Code	

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 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
MGR	EDA PAZ HERRERA	1703 SUE ANN ST	
		ORLANDO FL 32825	■Remove
			□ Change
			□ Change :
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ffective date, if other the an effective date is listed, the content of the date inserted in ocument is effective date of	date must be specific an 1 this block does not	id cannot be prior t meet the applica	o date of tiling or ble statutory fili	more than 90 days	optional) after filing.) Pu s. this date will	suant to 66 not be li	05.020 sted a
record specifies a delayed is filed.	effective date, but no	t an effective tir	ne, at 12:01 a.m	on the earlier o	of: (b) The 90	ith day af	ter the
		2022					
ated		· ·	<u> </u>	ve of a member			

Filing Fee: \$25.00