L22000046112

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COVER LETTER

TO:	Registration Se Division of Cor			
cunte		D ROOFING PRO LLC	<i>•</i> •	•
SUBJEC	~1: <u> </u>	Name of Lim	ited Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	indence concerning this matter	to the following:	
		ANGELIKA ADAMS		
		7-111-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	Name of Person	
		STANDARD ROOFING	PRO LLC	
	Firm/Company			
		4202 NW 34TH LANE		
			Address	
		CAPE CORAL, FLORIDA	A 33993	
			City/State and Zip Code	
		AA@STANDARDROOFI		0
			to be used for future annual report noti	itication)
For furth	er information co	oncerning this matter, please c	all:	
ANGEL	IKA ADAMS		941 544-8304 at ()	
	Name of	f Person	Area Code Daytim	e Telephone Number
Enclosed	d is a check for th	ne following amount:		
■ \$2 5.	.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 Addres Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STANDARD ROOFING PRO 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 $\frac{01/26/2022}{}$ and assigned Florida document number L22000046112 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." **4202 NW 34TH LANE** Enter new principal offices address, if applicable: CAPE CORAL, FLORIDA (Principal office address MUST BE A STREET ADDRESS) 33993 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>	Name	Address	Type of Action
MGR	ALEXANDER GOMEZ	1520 SE 46TH LANE	
		CAPE CORAL, FLORIDA 33904	Remove
			□ Change
MGR ANGELIKA ADAMS	ANGELIKA ADAMS	4202 NW 34TH LANE	≣ Add
		CAPE CORAL FLORIDA 33993	□ Remove
			Change
			□Add
			□ Remove
			Change
			\ \ _Add
			□ Remove
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Add
			□ Remove
			☐ Change
			□ Add
			□Remove
			□ Change

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an Note	ctive date, if other than the date of filing:
he rec ord is	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Date	AUGUST 12TH 2022
Valu	mal Mass
	Signature of a member or authorized representative of a member