

122000046112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

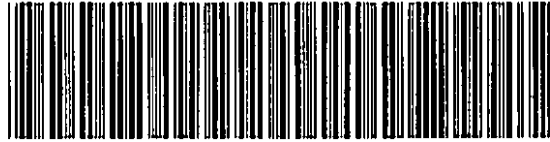
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 15 AM 9:01

J DENNIS

NOV 03 2022

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: STANDARD ROOFING PRO LLC**

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANGELIKA ADAMS

\_\_\_\_\_  
Name of Person

STANDARD ROOFING PRO LLC

\_\_\_\_\_  
Firm/Company

4202 NW 34TH LANE

\_\_\_\_\_  
Address

CAPE CORAL, FLORIDA 33993

\_\_\_\_\_  
City/State and Zip Code

AA@STANDARDROOFING.PRO

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANGELIKA ADAMS

941

544-8304

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**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> | <u>Name</u>     | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|-----------------|---------------------------|--|
| MGR          | ALEXANDER GOMEZ | 1520 SE 46TH LANE         | <input type="checkbox"/> Add               |
|              |                 | CAPE CORAL, FLORIDA 33904 | <input checked="" type="checkbox"/> Remove |
|              |                 |                           | <input type="checkbox"/> Change            |
| MGR          | ANGELIKA ADAMS  | 4202 NW 34TH LANE         | <input checked="" type="checkbox"/> Add    |
|              |                 | CAPE CORAL FLORIDA 33993  | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |
|              |                 |                           | <input type="checkbox"/> Add               |
|              |                 |                           | <input type="checkbox"/> Remove            |
|              |                 |                           | <input type="checkbox"/> Change            |

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record 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 record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**