(Requestor's Name)
(Address)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
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## **COVER LETTER**

TO:

	gistration Sec vision of Corp			
eun reen		FING KG LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspo	ndence concerning this matter	to the following:	
		KEIRI Y RUBIO		
			Name of Person	•
		BEST ROOFING KG LLC	÷	
Firm/Company				
		162 SE 29TH AVE		
			Address	
		BOYNTON BEACH FL 3	3435	
			City/State and Zip Code	
		E-mail address: (	to be used for future annual report not	itication)
For further	information co	oncerning this matter, please c	all:	
MANUEL	VILLATORC	)	561 255-6875 at ()	
	Name of	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
<b>■</b> \$25.00	Filing Fee	S30.00 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)
Re Di		Section orporations	Street Address: Registration Se Division of Co	rporations
	O. Box 632 illahassee, I		The Centre of 2415 N. Monro	rallanassee oc Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B EST ROOFING KG LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on <u>02/02/2022</u>	and assigned
Florida document number L22000057284		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. ,
Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
		<del>_</del>
		•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		1
		1.: W
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	<u></u>	<del>_</del>
	Enter Florida street addres.	S
	, Flo	orida
	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 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>	Address	Type of Action
AMBR	MANUEL VILLATORO GRANAI	162 SE 29TH AVE	Add
		BOYNTON BEACH FL 33435	□Remove
			□Change
			□Add
			Remove
			☐Řemove ∴ ☐Ĉhange
			□Add
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		-	□ Change
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fective date, if other than the date of filing effective date is listed, the date must be specific a stee. If the date inserted in this block does no cument's effective date on the Department of	and cannot be prior to da t meet the applicable	te of filing or more than statutory filing require	(optional) 90 days after filing.) Pu ements, this date wil	ursuant to 605.0 Il not be listec
ecord specifies a delayed effective date, but a is filed.	ot an effective time, a	at 12:01 a.m. on the ea	arlier of: (b) The 9	0th day after (
ted	2024			
	1 ~			
	Muo	Trepresentative of a men	pher	

Filing Fee: \$25.00