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## **COVER LETTER**

Registration Section Division of Corporations

TO:

	ECHNOLOGY ROOFING LLC	:	
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	CLAUDIO SALINAS HE	RNANDEZ	
		Name of Person	
	MAYA TECHNOLOGY	ROOFING LLC	
	-	Firm/Company	
	3746 MILANO LAKES C	IR APT 101	
		Address	
	NAPLES , FL 34114		
		City/State and Zip Code	
	SALINASHERNANDEZC	<del>-</del>	
	E-mail address: (	to be used for future annual report notification)	
For further information of	concerning this matter, please e	all:	
CLAUDIO SALINAS F	HERNANDEZ	386 473-6202	
Name of Person		Area Code Daytime Telephone Number	<del></del>
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy (additional copy is enclosed)  Certified Cop (additional copy	f Status & py
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

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MAYA TECHNOLOGY ROOFING LLC

(Name of the Limited Liability Company as it now appears on our records.) TALLAMASSEE, FI

The Articles of Organization for this Limited Liability Corlorida document number L22000095225	ompany were filed on 02/21/2022 and assigned
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limit	ted liability company here:
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3746 MILANO LAKES CIR APT 101
Principal office address MUST BE A STREET ADDR	NAPLES, FL 34114
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered agent and/or the new registered office address here:	3746 MILANO LAKES CIR APT 101  NAPLES. FL 34114  office address on our records, enter the name of the new registers
Name of New Registered Agent:	
New Registered Office Address: 3746 M	IILANO LAKES CIR APT 101
	Enter Florida street address
NAPLE	, 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	ALMA DELIA ORZUNA	3746 MILANO LAKES CIR # 101 NAPLES FL 34	114 <b>≡</b> Add
			□Remove
			Change
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	11/40/2022
f an effi Note:	ve date, if other than the date of filing:    1/10/2022   (optional)
recore d is fil	d 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 ed.
Dated .	THE STATE OF THE S
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00