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(Requestor's Name)
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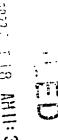
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R. HUNT

THE STATE STATE STATE STATE



COVER LETTER

TO: Registration S Division of Co					
MENDEZ SUBJECT:	ROOFING SERVICES LL	· ,			
SUBJECT:	Name of Line	uted Liability Company			
The opened Articles of	Amendment and fee(s) are sub	amittad the filing			
	ondence concerning this matter	•			
	ROD RAMIREZ				
	-	Name of Person			
	REM MULTISERVICES	S LLC	m)		
		Firm Company			
	P O BOX 340703				
		Address	8		
	TAMPA FL 33694		MIII: 36 SSEE, FLE		
	REMMULTISERVICES@		• 1		
For further information	E-mail address: (concerning this matter, please e	to be used for future annual report noti all:	fication)		
ROD RAMIREZ		813 810-4881			
Name o	of Person	at () Area Code Daytim	e Telephone Number		
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Se	ction		
Division of Corporations		Division of Corporations			
P.O. Box 63. Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MENDEZ ROOFING SERVICE	SILC			
(Name of the Limi	ted Liability Com (A Florida Limite	раду <u>as it now appears on c</u> d Liability Company)	ur records.)	
The Articles of Organization for this Limited L	-	ny were filed on <u>02/20/20</u>	122	and assigned
Florida document numberL22000097112	·			
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name o	of the limited lia	ability company here:		
∛/A				
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the designa	tion "LLC" or the abb	previation "L.L.C."
inter new principal offices address, if appli	cable:	N/A		
<u> Principal office address MUST BE A STREI</u>	<u>ET ADDRESS)</u>			(54)
		· · · · · · · · · · · · · · · · · · ·	- الله	22.5
Enter new mailing address, if applicable:		N/A	12	CO :
(Mailing address MAY BE A POST OFFICE BOX)			1985 1985	A U
			E S T S	••
			LH	_ ပ တ
 If amending the registered agent and/or gent and/or the new registered office addro 		e address on our record	ls, <u>enter the name</u>	of the new regist
Name of New Registered Agent:	ROD RAMI	REZ		
New Registered Office Address:	N/A			
		Enter Florida sti	reet 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. Thereby 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
MGR	SIMEON T LPOPEZ		
			□Remove
			≡ Change
AMBR	SIMION TADEO LOPEZ MENDI		■ Add
			∐Remove
			—————————————————————————————————————
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ective date, if other than	the date of filing:		page than C	(optional)
te: If the date inserted in t	is block does not meet the ap	oplicable statutory fil	ing require	ements, this date will not be
cument's effective date on t	he Department of State's rec-	ords.		
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SEPTEMBER 40				
ed SEPTEMBER 20	2022	·		
				Register.

Typed or printed name of signee