L22000099740

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	(dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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COVER LETTER

	Registration Se Division of Corp				
CUD IEC	EJG ROOF	ING, LLC.		•	
SUBJEC	1;	Name of Lim	ited Liability Company		
TT 1					
		Amendment and fee(s) are sub	_		
Please ret	um all correspo	ndence concerning this matter	to the following:		
		Ν	IERY VILLARREAL GOMEZ		
			Name of Person		
		MVG ACCO	OUNTING & BOOKKEEPING SERVICES, INC.		
			Firm/Company	'	
		2133 POL	O GARDENS DR. APT. ± 104		
			Address	•	
		WI	ELLINGTON, FL 33414		
		-	City/State and Zip Code	•	
			meryvillareal @hotmail.com to be used for future annual report notification)	7.0	
For furthe	er information co	oncerning this matter, please co	ıll:		
1	MERY VILLAR	REAL GOMEZ	561 572-7075	,	
	Name of	Person	Area Code Daytime Telephone Number	•	, i.
Enclosed	is a check for th	e following amount:			1.27
□ \$25.0	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	te of Status &	Ċ.
	Mailing Address		Street Address:		
	Registration S		Registration Section		
	Division of Co		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	EJG ROOF	ING, LLC.		
(Name of the Lin	ited Liability Comp (A Florida Limited	any as it now appea Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number 122000099740	<u> </u>	, were filed on $\frac{02}{2}$	1/25/2022	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liab	oility company h	<u>ere</u> :	
	EMODELING & R			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the o	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		SAME		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or agent and/or the new registered office address	registered office	SAME	records, <u>enter the na</u>	me of the new registered
				 .•
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A			
		Enter Flo	rida street address	
			, Florida_	Zip Code
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent	<u>:</u>		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as res	per and complete	e performance of	f my duties, and I an	n familiar with and

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>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
·			🗅 Add
			□Remove
			□Change
			□Add
			□Remove
-			DAdd ; U
			□Remove
			. No Change
			□Add
			□Remove
		-	□Change
			🗀 Add
			□Remove
			□ Change

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fective date, if other than the date of the date is listed, the date must be ofter. If the date inserted in this block cument's effective date on the Department.	k does not meet the app	licable statutory fili	(option) more than 90 days after the requirements, this	nal) iling.) Pursuant to 605.020 date will not be listed a
ecord specifies a delayed effective d is filed.	ate, but not an effective	e time, at 12:01 a.m	. on the earlier of: (b)	The 90th day after the
ted 17 OCTOBER	, 2023	·		
		11-		
Sir	gnature of a member or as	thorized representative	e of a member	

Filing Fee: \$25.00