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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:
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COVER LETTER

10: Registration Se Division of Co			1
a. openlo			*.
SUBJECT: FLORIDA	ROOFWERKS GROUP LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Wanda Rapisardi		
		Name of Person	
		Firm/Company	
	1317 Edgewater Dr #4917		
		Address	
	Orlando, FL 32804		
		City/State and Zip Code	
	WRapisardi@gmail.com E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please e	all:	
Wanda Rapisardi		at (407) 764-2346	
Name (of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	ation
Registration Division of C		Registration Sec Division of Cor	
PITISION OF C	orpor uci ons	DIVISION OF COL	poracions

P.O. Box 6327 Tallahassee, FL 32314 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

FLORIDA ROOFWERKS GROUP LLC

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

The Articles of Organization for this Limited I	Liability Company	were filed on 05/1	8/2022 and assigned	
Florida document number L22000233451				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company her	<u>e</u> :	
Malki-Thind Group LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the des	ignation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		1317 Edgewater Dr #4917, Orlando, FL 32804		
(Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable:		1317 Edgewater Dr #4917, Orlando, FL 32804		
(Mailing address MAY BE A POST OFFICE	E BOX)			
			ords, enter the name of the new registe	
Name of New Registered Agent:	wanda Rapisa	rdi	cords, enter the name of the new registe	
agent and/or the new registered office addre	ess here:	rdi er Dr #4917	a street address	
	wanda Rapisa	rdi er Dr #4917		

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	Sabrina Thind	1317 Edgewater Dr #4917, Orlando, FL 32804	= Add
			□Remove
			□Change
AMBR	Reda Malki	1317 Edgewater Dr #4917, Orlando, FL 32804	□Add
			□Remove
			≘ Change
			🗀 Add
			□Remove
			□Change
			□Add
			Remove
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			□Add
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			□Add
			□Remove
			□Change

11 411	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	_
(11 an ei Note:	tive date, if other than the date of filing:
e reco ord is f	rd 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 iled.
Dated	July 6th 2022.
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00