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(Requ	estor's Name)	
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TALL THASSES FLORIDA

OCT 1 0 2022 S. PRATHER

COVER LETTER

TO: Registration : Division of C			
SUBJECT: Super	Roofers of Florida LLC		
		ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Merissa Penaloza	Name of Person	
	Super Roofers of F		
	Cuper Noorers of I	Firm/Company	
	8026 NW 93rd ter	Address	
	Tamarac Florida 3		
Can firmly an in farmance on		to be used for future annual report notif	fication)
Merissa Penalo	concerning this matter, please of		0
	of Person	at (954) 553-160 Area Code Daytine	e Telephone Number
Enclosed is a check for	the 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 Addr Registration		Street Address: Registration Sec	ction
Division of	Corporations	Division of Cor	porations
P.O. Box 63 Tallahassee		The Centre of T 2415 N. Monroo Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Super Roofers of	of Florida LLC	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)	
The Articles of Organization for this Limited Liab	oility Company were filed onJune 7, 2022	and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC" or the	c abbreviation "L.L.C."
Enter new principal offices address, if applicab	le:	
Principal office address MUST BE A STREET	ADDRESS)	==
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered office address	istered office address on our records, <u>enter the na</u> here:	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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, 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>	<u>Address</u>	Type of Action
AMBR	Luis E Penaloza Jr	8026 NW 93rd ter Tamarac FL 33321	X Add
			□ Remove
			□Change
AMBR	Merissa Penaloza	8026 NW 93rd ter Tamarac FL 33321	X Add
			□ Remove
			🗆 Change
<u>AP</u>	Merissa I Penaloza	8026 NW 93rd ter Tamarac FL 33321	□Add
			XRemove
			□Сһалде
			□Add
			□ Remove
			□Change
			🗀 Add
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			Change
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	e date, if other thar	the date of filine			(onti1)	
Effective	tive date is listed, the dat the date inserted in the	te must be specific and	f cannot be prior to date of	of filing or more than 9	(optional) 0 days after filing.) P	ursuant to 605.020
If an effect	t's offactive data on t	he Department of S	itate's records.	autory ming require	ements, this date wi	If not be listed as
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(If an effect Note: If documen	specifies a delayed eff	·	nember of authorized re	}		· - -

Filing Fee: \$25.00