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COVER LETTER

TO: Registration Section Division of Corporation				
SUBJECT:M &	B Roofing Name of Lin	LLC		
	Name of Lin	nited Liability Company		
The enclosed Articles of An		-		
Please return all corresponde	ince concerning this matter	to the following:		
	miguel	Blanco Name of Person		
	,	Name of Person		
		Firm/Company		~>
	17795	Address SCE, FI, 32 City/State and Zip Code 315800 GM ail. Cor (to be used for future annual report notific		DZY AUG SECRET SECRET
	Tallahas	SCE, FI, 32 - City/State and Zip Code	310	30 PH ARY OF AHASSI
-	Mblanco E-mail address:	315860 GMail. Cor	vation)	3: 36 STAT
For further information cond				17.
Miguel Blan Name of Pe	CO erson	at (\$50) 345 Area Code Daytime	7073 Telephone Number	
Enclosed is a check for the f	ollowing amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status & oppy
Mailing Address: Registration Sec	rtion	Street Address: Registration Sect	ion	

Registration Section
Division of Corporations
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

m& B Roofin		
(Name of the Limited Liability (A Florida L	Company as it now appears on our recommitted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L22006219221</u>	npany were filed on 6/20/2	2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LI.	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	TO BY
		AUG 30 CRETAR
Enter new mailing address, if applicable:		PX SI
(Mailing address MAY BE A POST OFFICE BOX)		ino ci
		77.00
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
	<u>.</u>	
Name of New Registered Agent:		
New Registered Office Address:	E . El	
	Enter Florida street addr	ezz
	, F	lorida
	City	Zipi Coulc

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 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>Address</u> **Type of Action Name** Alejandro Blanco 17795 Larkin Ct E DAdd Tallahassce, Fl 32310 _ Change □Remove SECRETARY OF STATE AHASSEE. TL _ 🗆 Add Remove □Remove ☐ Change _ 🗆 Add ____ Change

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lf an effo <u>Note:</u> I	ive date, if other than the date of filing:	207 (3 as th
e record	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 t	he
Dated _	08/30/24	
	Signature of a member or authorized representative of a member	
	Migvel Blanco Typed or printed name of signee	

Filing Fee: \$25.00