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COVER LETTER

EAGLE C	OAST ROOFING LLC		
SOBJECT.	Name of Lin	nited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	RANFERIS VALLE		
		Name of Person	
		Firm/Company	
	481 NW 47TH CT		
		Address	
	FORT LAUDERDALE. F	L 33309	
		City/State and Zip Code	
	VALLERANFERIS16@YA	AHOO.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information	concerning this matter, please c	all:	
RANFERIS VALLE		954-696-35	24
Name of Person		at () Area Code Daytir	ne 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)

· , TO:

Registration Section **Division of Corporations**

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: 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

EAGLE COAST ROOFING LLC

2024 APR -1 py 1:0

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{06/22/2022}{1}$ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___

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>Name</u>	Address	Type of Action
AMBR	AGUSTIN SALAZAR	5180 NE 6TH AVE OAKLAND PARK, FL 33334	≣ Add
			□Remove
			□Change
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ffective date, if other than the an effective date is listed, the date must lote: If the date inserted in this blo ocument's effective date on the De	be specific and ck does not r	I cannot be pric neet the appli	or to date of filin cable statutor	g or more than y filing requir	90 davs after fi	ling.) Pursuant to	605.020 listed as
record specifies a delayed effective is filed.	date. but not	an effective	time, at 12:01	a.m. on the c	arlier of: (b)	The 90th day	after the
march 22		. 2024	·				
	0		Ne horized represen				