## L22000314037

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## **COVER LETTER**

	Registration Se Division of Cor			
enn me		OS ROOFING SERVICES, LI	L.C	
SUBJEAC	Г:		rited Liability Company	
The enclos	sed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please retu	ım all correspo	ndence concerning this matter	to the following:	
		JOSE R. MATOS		
			Name of Person	
	JRM MATOS ROOFING SERVICES, LLC			
Pirm/Company				
	12207 LUCCA STREET, #201			
		(	Address	
		FORT MYERS, FL 33966	,	
			City/State and Zip Code	
		jr433438@gmail.com		
			to be used for future annual report noti	incation)
For further	r information co	oncerning this matter, please co	all:	
JOSE R. M	MATOS		239 247-9464	
Name of Person		at () Area Code Daytim	ne Telephone Number	
Enclosed i	s a check for th	e following amount:		
<b>■</b> \$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 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

2022 JUL 26 AM 8: 2U TÄLLIGHÄSSEE FLORIO

JRM MATOS ROOFING SERVICES, LLC (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  $\frac{07/14/2022}{-}$ and assigned Florida document number 1.22000314037 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: JRM ROOFING SERVICES, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address N/A \_, 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.

City

N/A	
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
N/A			□Add
			□Remove
			□Change
			DAdd
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
			□Remove
			□ Changa

N/A		
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		***
Effective date, if other than the	e date of filing: N/A	(optional)
	ust be specific and cannot be prior to date of filing or more block does not meet the applicable statutory filing re Department of State's records.	
e record specifies a delayed effected is filed.	ive date, but not an effective time, at 12:01 a.m. on t	the earlier of: (b) The 90th day after the
		202
Dated JULY 22,	2022	
	2 Mato	2022 JUL 26 AM 8: ALL AHASSEE. FLOR
	Signature of a member or authorized representative of a	a member Al
_	TOSE A. Malos	AH 8:

Typed or printed name of signee