L22000437310

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



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COVER LETTER 4

TO: Registration Sec Division of Corp					
CLID IPZT.		ROOFING SERVICES LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of /	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
	Ą	ROBERTO ARGUELLO			
	CASA HISPANA DE MULTISERVICIOS INC				
Firm/Company					
	4532 TAMIAMI TRAIL E STE 304				
	Address				
		NAPLES, FL 34112			
		City/State and Zip Code			
casahispanademultiservicios@gmail.com E-mail address: (to be used for future annual report notification)					
For further information eo	oneerning this matter, please c	·	sicatery		
ROBERTO ARGUELLO		239 610-0920			
Name of	Person	at ()	e Telephone Number		
Enclosed is a check for the	e following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC	
ers on our records.)	
10/10/2022	and assigned
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designation "LLC" or the a	bbreviation "L.L.C."
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records, <u>enter the nar</u>	ne of the new regis
- orida street address	
, Florida	Zin Cada
	ere: designation "LLC" or the a

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>	Address	Type of Action
MGR	MILAGRO ESTITHAN	1411 16th Ave SW	≡ Add
		Naples, FI, 34117	□Remove
			□Change
			Remove
			□Change
	****	 	□Add
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E. Effective date, if other	than the date of filing:		(optional)
(If an effective date is listed, a Note: If the date inserted	the date must be specific and cannot be	applicable statutory filing requires) days after tiling.) Pursuant to 605.0207 (3)(ments, this date will not be listed as the
f the record specifies a delay record is filed.	ed effective date, but not an effec	tive time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Dated	2023		
.x		 ·	
	Signatute of a member o	r authorized representative of a mem	ner
	NICHOLA	S ADAM HERNANDEZ	

Typed or printed name of signee