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COVER LETTER

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ar in room	-	Quality Roofers, LLC					
SUBJECT	·	Name of Lin	aited Liability Company				
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for tiling.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Freddy D. Naranjo					
			Name of Person				
		Complete Quality Roofers	, ULC				
			Firm:Company	262 35			
		8923 North Fork Drive		2623 MAN 12			
			Address				
	Cape Coral, FL 33903						
City/State and Zip Code							
		2022cqr@gmail.com					
For further	information e	e-mail address: (to be used for future annual report in ali:	ottication)			
Freddy D N			239 205-0420				
Name of Person			at ()	ime Telephone Number			
Enclosed is	a check for th	ne following amount:					
■ \$25.00 Filing Fee		S\$5.00 Filing Fee & Cartificd Copy (additional copy is enclosed)	© \$50.00 Filing Fee, Cornificate of Status & Certified Copy (additional copy is enclosed)				
	ailing Addres		Street Address:	ention			
Registration Section Division of Corporations			Registration Section Division of Corporations				
\mathbf{p}_{\cdot}	O. Box 632	7	The Centre of	Tallahassee			
Fa	llahassee, i	F1. 32314	2415 N. Mont	oc Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Complete Quality Roofers LLC	·		
(Name of the Limited (A	Liability Comp A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lial	bility Company	y were filed on 10/13/202	and assigned
Plorida document number L22000449336			
This amendment is submitted to amend the follow	ving:		
A. If amending name, <u>enter the new name of t</u>	he limited lial	oility company here:	
Guffstream Metals, LLC			
he new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the designation	on "LLC" or the abbieviation? L.L.C."
Enter new principal offices address, if applicat	ble:	N/A	90 3 CA 3
Principal office address MUST BE A STREET			10
			
			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Inter new mailing address, if applicable:		N/A	
Mailing address MAY BE A POST OFFICE B	<u>(0X)</u>		
3. If amending the registered agent and/or reg gent and/or the new registered office address Name of New Registered Agent:	gistered office here:	address on our records,	enter the name of the new registe
N. B. S. LOW ALL	N/A		
New Registered Office Address:			
•		Enter Florida stree	i aaaress
		Enter Florida stree	, Florida

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>	Name	Address	Type of Action
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			Change
			C S URemove
			DRemove OCIVE AVEC Change
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Filing Fee: \$25.00