## LZZ000474153

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## **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Se Division of Cor			•
CHID IT		A'S ROOFING LLC		
SUBJEC		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		BIKI Y MARTINEZ		
		-	Name of Person	
			Firm/Company	
		1617 N J ST		
Address				
		LAKE WORTH, FL 33460	)	
		BIKIMARTINEZ8@GMA	City/State and Zip Code	
		<del>-</del>	to be used for future annual report notifi	cation)
For furth	ner information o	concerning this matter, please c	all:	
BIKLY	MARTINEZ		561 502-9065	<u>o</u>
	Name o	of Person		Telephone Number
Enclosed	l is a check for t	he 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 Addres		Street Address:	
	Registration : Division of C		Registration Sec Division of Corp	
	P.O. Box 632	•	The Centre of Ta	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CABRERA'S ROOFING LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 11/04/2022	and assigned
Florida document number L22000474153		
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 ADDRES.	<u>s</u> )	F.S.
		. :
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		.:
Training address 1977 BETT WITT OF THE BOTT		
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	e name of the new regi
Name of New Registered Agent:		
New Registered Office Address:		•
	Enter Florida street address	
	Florie	da
	City	Zin Code

## 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

Title	<u>Name</u>	Address	Type of Action
AP	BIKTY CABRERA	1617 N J STREET	□Add
		LAKE WORTH, FL 33460	■Remove
		<del></del>	Change
AP	BIKI Y MARTINEZ	1617 N J STREET	Add
		LAKE WORTH, FL 334620	□Remove
		- <u></u>	□Change
			EAdd
			□Change
			[]Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·		□Add
			□Remove
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			□Add
		<u> </u>	□Remove
			Change

			<u>-</u>		
					152
					· 
Tective date, if other than the neffective date is listed, the date moster. If the date inserted in this becoment's effective date on the I decord specifies a delayed effective.	ist be specific and cannolock does not meet t Department of State's	ot be prior to da he applicable s records.	e of filing or more th statutory filing requ	uirements, this da	ng.) Pursuant to 605.0 te will not be listed
is filed.					

Filing Fee: \$25.00