L23000007113

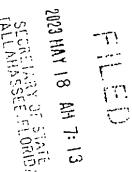
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A. RIVERS

JUL 1 7 2023

COVER LETTER

TO:

Registration Section
Division of Corporations

1 & G SERVICES ROOF LLC SUBJECT: _ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: CRUZ-GARCIA, IRLANDA Name of Person Firm/Company 3441 NE 10TH AVE Address FORT LAUDERDALE, FL 33334 City/State and Zip Code IRELANDCRUZ2000@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: IRLANDA CRUZ 954 487-8298 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. € \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 & G SERVICES ROOF LLC			
(Name of the Limi	ted Liability Compa (A Florida Limited	iny as it now appears on our rec- Liability Company)	ords.)
The Articles of Organization for this Limited L Florida document number 1.23000007113	.iability Company	were filed on 01/03/2023	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
L& G CONSTRUCTION SERVICES LLC			
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the designation "L	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	N/A	
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:		address on our records, en	ter the name of the new register
agent and/or the new registered office addr.			70° +
Name of New Registered Agent:	N/A		AN TO
New Registered Office Address:	N/A	Enter Florida street ada	dress
	•	City:	Florida
		Cuy	zigi Cinae

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
	N/A 	N/A	□Add
			□Remove
			□Change
			□Add
			□Remove
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If amending any other inform JUST BUSINESS NAME		(- · · · · · · · · · · · · · · · · · · ·	
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Effective date, if other than to the effective date is listed, the date in Note: If the date inserted in this document's effective date on the	block does not meet the applic	to date of filing or more cable statutory filing re	(optional) han 90 days after filing.) Pursuant quirements, this date will not b	to 605,0207 (be listed as th
e record specifies a delayed effectord is filed.	ive date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 90th da	y after the
Dated MAY 15	2023			
Traited		 •		
To fair	Signature of a member or auth	orized representative of a	member	
	_			
IRLANDA CRUZ-G		ted name of signee		

Filing Fee: \$25.00