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OF VED

(2/10/2023

COVER LETTER

. TO: Registration Se . Division of Cor			
SUBJECT: Mai	teo footing L	LC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	indence concerning this matter i	to the following:	
		L. Velasquez Name of Person Roofina LLC Firm/Company	- <u>Ur.</u>
	5670 La	rel Ave, Suite	4
	Key West Bobbyva E-mail address: (1	City/State and Zip Code City/State and Zip Code Command Comm	tication)
For further information c	oncerning this matter, please ca		
	-	at (248) 84//- Area Code Daytim	6/96 ne Telephone Number
Enclosed is a check for the	ne following amount:		
\$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 Registration S Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 FEB 10 AM 8: 23

Mateo Roofing L	LC.	2023 FEB 10 AM 8: 23
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)	-SECRET TALLAHÁSSÉE, FI
The Articles of Organization for this Limited Liability Company v Florida document number <u> </u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	ty Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:		
New Registered Office Address:	E . Cl. H	
	Enter Florida street address	
	, Florida	Zip 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 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
MGR	Ruber + L. Velasquezul	5670 Laurel Ave, Sute 4	i ≯≾ dd
		5670 Laurel Ave, Sute 4 Key West, FL 33040	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change.

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Filing Fee: \$25.00