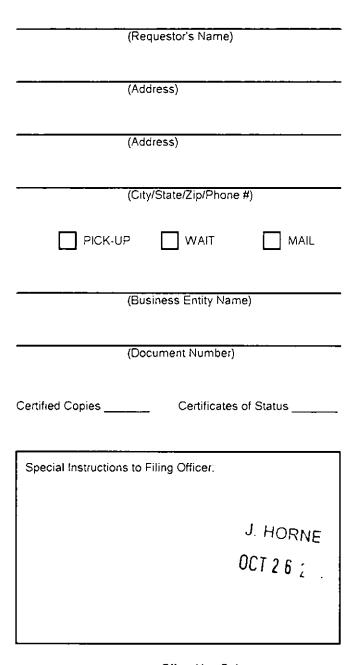
## L23000059721

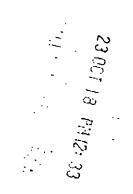


Office Use Only



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10/18/23--01010--019 \*\*25.00



## **COVER LETTER**

Registration Section Division of Corporations

TO:

CUDICE.	FING SOLUTIONS LLC						
SUBJECT,	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	LEONEL RIVERA ROSA	DO					
	<del></del>	Name of Person					
	Leonel R	ivera Rosaro					
		Firm/Company					
	2617 WATERLINE ST						
		Address					
	KISSIMMEE FLORIDA 34743						
	<del></del>	City/State and Zip Code					
	moraleserictax21@gmail.ed		- <del> </del>				
		to be used for future annual report noti	rication)				
For further information e	oncerning this matter, please e	all:					
LEONEL RIVERA ROSADO		407 4462804 at ( )					
Name of Person		Area Code Daytim	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 Address Registration 9	Section	Street Address: Registration Se					
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

•	0-	
	23 OCT 18 TO	
L&A ROOFING SOLUTIONS LLC	23 OCT 18 FI12: 34	
(Name of the Limited Liability Compa (A Florida Limited I	nv as it now appears on our records.)	
(A Frontia Zamea I	Enabling Company?	
e Articles of Organization for this Limited Liability Company	were filed on $\frac{02/01/2023}{}$ and assigned	
orida document number L23000059721		
is amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
if amending fame, enter the new traine of the finited hab	mry company nere.	
new name must be distinguishable and contain the words "Limited Liabi	• • •	
ter new principal offices address, if applicable:	2617 WATERLINE ST	
rincipal office address MUST BE A STREET ADDRESS)	KISSIMMEE FLORIDA 34743	
nter new mailing address, if applicable:	2617 WATERLINE ST	
• ••	KISSIMMEE FLORIDA 34743	
ailing address MAY BE A POST OFFICE BOX)		
If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new regist	
ent and/or the new registered office address here.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City 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>	<u>Name</u>	Address	Type of Action
AMBR	JHONATHAN A MORALES	3169 SERENDIPITY WAY	□Add
		DAVENPORT, FL 33896	■Remove
			□Change
AMBR	LEONEL RIVERA ROSADO	2617 WATERLINE ST	■Add
		KISSIMMEE FLORIDA 34743	□Remove
			□Add
			□Remove
			□Change
			DAdd
			□Remove
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ective date, if other than t	the date of filing:	(optional ate of filing or more than 90 days after filing	)
te: If the date inserted in this	must be specific and cannot be prior to d s block does not meet the applicable c Department of State's records.	ate of filing or more than 90 days after filing statutory filing requirements, this dat	g.) Pursuant to 605.020 e will not be listed as
cord specifies a delayed effects filed.	ctive date, but not an effective time.	at 12:01 a.m. on the earlier of: (b) T	he 90th day after the
09/18/2023	2:40 PM		
		Rosa Io	

Typed or printed name of signee