

L 23000059721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

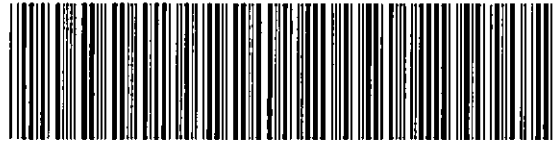
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23 OCT 18 PM 12:33

COVER LETTER

TO: Registration Section
Division of Corporations

L&A ROOFING SOLUTIONS 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:

LEONEL RIVERA ROSADO

Name of Person

Leonel Rivera Rosado

Firm/Company

2617 WATERLINE ST

Address

KISSIMMEE FLORIDA 34743

City/State and Zip Code

moraleserictax21@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEONEL RIVERA ROSADO

407

4462804

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

23 OCT 18 PM 12:34

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

KISSIMMEE FLORIDA 34743

KISSIMMEE FLORIDA 34743

Zip Code

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------|-------------------------|--|
| AMBR | JHONATHAN A MORALES | 3169 SERENDIPITY WAY | <input type="checkbox"/> Add |
| | | DAVENPORT, FL 33896 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | LEONEL RIVERA ROSADO | 2617 WATERLINE ST | <input checked="" type="checkbox"/> Add |
| | | KISSIMMEE FLORIDA 34743 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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AMENDMENT MADE FOR A CHANGE OF OWNERSHIP.

AMENDMENT MADE FOR A CHANGE OF OWNERSHIP.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/18/2023, 2:40 PM

Leonel Rivera Rosado

Signature of a member or authorized representative of a member

LEONEL RIVERA ROSADO

Typed or printed name of signee