## L2300075251

(Red	questor's Name)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	





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## **COVER LETTER**

TO:	Registration Se Division of Cor			,
CUDI		NG SERVICES LLC		
SUBJE	ct:	Name of Lim	ited Liability Company	
The en-	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		CERROS, ROSA		
			Name of Person	
		CR ROOFING SERVICES	S LLC	
			Firm/Company	<del></del>
		5835 SUSSEX DR		
			Address	<del></del>
		TAMPA, FL 33615		
			City/State and Zip Code	
		rosahaydeecerros84@gmail		<del> </del>
Co- fu-	ekan in famuasian a		to be used for future annual report notif	fication)
ror iur	ther information co	oncerning this matter, please c	all:	
ROSA	H CERROS DE T	RINIDAD	813 , 729-9575	
	Name of	Person	at () Area Code Daytimo	e Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>■</b> \$2	5.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CR ROOFING SERVICES LLC	
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L23000075251	were filed on 02/10/2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5115 HALIFAX DR
(Principal office address MUST BE A STREET ADDRESS)	TAMPA FL 33615
Enter new mailing address, if applicable:	5115 HALIFAX DR
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33615
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida

## 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.

City

Zip Code: 1

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
MGR	CEREN, CARLOS	5835 SUSSEX DR	□ Add
		TAMPA, FL 33615	≣Remove
			□Change
AMBR	CERROS, ROSA	5835 SUSSEX DR	□Add
		TAMPA, FL 33615	■Remove
			□Change
MGR	CERROS DE TRINIDAD, ROSA	5115 HALIFAX DR	
		TAMPA FL 33615	□Remove
			☐ Change
	<del></del>	<del></del>	
			□Remove
			Change
			DAdd
			☐Change
			□Add
			□Remove
			□Change

EIN number will be updated	to 99-0986488	
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fective date, if other than th	e date of filing: st be specific and cannot be prior to date of filing or more the	(optional)
an effective date is listed, the date mu	st be specific and cannot be prior to date of filing or more the lock does not meet the applicable statutory filing required.	han 90 days after filing.) Pursuant to 605.020
ocument's effective date on the I	Department of State's records.	quirements, uns date will not be fisted a
		1
record specifies a delayed effecti	ve date, but not an effective time, at 12:01 a.m. on th	ne earlier of: (b) The 90th day after the
is filed.		•
June 22nd	2024	
ated		1
ROŜA H CERROS I	OF TRINIDAD	11.

. . . ,

Filing Fee: \$25.00