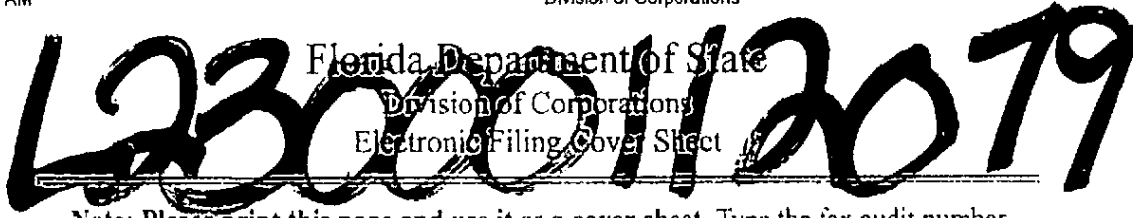


2/9/24, 10:11 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : WF TAXES AND MORE INC.
Account Number : I20200000043
Phone : (772)879-0010
Fax Number : (772)281-5520

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: wftaxes.office@gmail.com

LP/LLP AMENDMENT/RESTATEMENT/CORRECTION
KJ HEAVENLY ROOFING LLC

Certificate of Status	1
Certified Copy	0
Page Count	05
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DIVISION OF
CORPORATIONS
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TALLAHASSEE, FL

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T. LEMIEUX

FEB 12 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KJ HEAVENLY ROOFING LLC

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:

JOHAN M MARADIAGA

Name of Person

KJ HEAVENLY ROOFING LLC

Firm/Company

217 SE VIA VISCONTI

Address

PORT ST. LUCIE, FL 34952

City/State and Zip Code

WFTAXES.OFFICE@GMAIL.COM

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

For further information concerning this matter, please call:

JOHAN M MARADIAGA

772 634-5110

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

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

KJ HEAVENLY ROOFING LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/02/2023 and assigned
Florida document number L23000112079

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TOP CONTRACTING PROS, LLC

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

Enter new principal offices address, if applicable:

217 SE VIA VISCONTI

(Principal office address MUST BE A STREET ADDRESS)

PORT ST. LUCIE, FL 34952

Enter new mailing address, if applicable:

217 SE VIA VISCONTI

(Mailing address MAY BE A POST OFFICE BOX)

PORT ST. LUCIE, FL 34952

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, 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.

If Changing Registered Agent, Signature of New Registered Agent

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SECRETARY OF STATE
ALABAMA

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

Title	Name	Address	Type of Action
AMBR	JOHAN M MARADIAGA	217 SE VIA VISCONTI	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	KAREN O MARADIAGA	217 SE VIA VISCONTI	<input type="checkbox"/> Add
		PORT ST. LUCIE, FL 34952	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

[illegible]

F. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated FEB 8 2024

Signature of a member

Signature of a member or authorized representative of a member

JOHAN M MARADIAGA

Typed or printed name of signee

Filing Fee: \$25.00