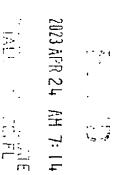
L2300160333

| (Requestor's Name) |
|---|
| (Address) |
| |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer. |
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04/24/23--01020--015 **25.00



Office Use Only

c/ 4/8/2023

COVER LETTER

TO: Registration Section

| Division of C | orporations | | | |
|---|--|---|---|--|
| | OMEGA ROOFING LLC | | | |
| SUBJECT: | Name of Lin | nited Liability Company | | |
| The enclosed Articles of | of Amendment and fee(s) are sub | omitted for filing. | | |
| Please return all corres | pondence concerning this matter | to the following: | | |
| | JOSE D MARTINEZ PER | REZ | | |
| | Name of Person | | | |
| | | Firm/Company | | |
| | 7303 N COARSEY DR | | | |
| | | Address | | |
| | TAMPA, FL 33604 | | | |
| | | City/State and Zip Code | | |
| | E-mail address: (| to be used for future annual report noti- | fication) | |
| For further information | concerning this matter, please c | all: | | |
| JOSE DARIO MARTI | NEZ PEREZ | 813 410-5853 | | |
| Name | of Person | | e Telephone Number | |
| Enclosed is a check for | the following amount: | | | |
| S25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | |
| Mailing Addr Registration Division of P.O. Box 63 Tallahassee | Section Corporations 327 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations fallahassee e Street, Suite 810 | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALFA & OMEGA ROOFING LLC

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

(A Florida Limited Liability Company)

| | Florida Limited Elability Company) | ikt. | FR FL |
|---|--|---|---------------------------------------|
| The Articles of Organization for this Limited Liabi | Hity Company were filed on $\frac{04/03}{1}$ | | and assigned |
| Florida document number L23000166332 | · | | |
| This amendment is submitted to amend the following | ng: | | |
| A. If amending name, enter the new name of th | e limited liability company here: | : | |
| The new name must be distinguishable and contain the word | s "Limited Liability Company," the design | gnation "LLC" or the abb | reviation "L.L.C." |
| Enter new principal offices address, if applicabl | e: | | |
| (Principal office address MUST BE A STREET | (DDRESS) | | |
| | | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | |
| | | | |
| B. If amending the registered agent and/or registered affice address h | | ords, <u>enter the name</u> | of the new registered |
| Name of New Registered Agent: | | | |
| | | | |
| New Registered Office Address: | Enter Florida | sueet address | |
| | | | |
| - | City | , Florida | Zip Code |
| New Registered Agent's Signature, if changing Regi | | | • |
| I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as register being filed to merely reflect a change in the region company has been notified in writing of this change in the region. | und complete performance of my red agent as provided for in Cha istered office address, I hereby c | duties, and Lam fa opter 605, F.S. Or, i | miliar with and f this document is |

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> | Address | Type of Action |
|--------------|---------------------------|-------------------|----------------|
| AMBR | JOSE DARIO MARTINEZ PEREZ | 7303 N COARSEY DR | |
| | | TAMPA, FL 33604 | □Remove |
| | | | □Change |
| AMBR | DARIO D MARTINEZ PEREZ | 7303 N COARSEY DR | □Add |
| | | TAMPA FL 33604 | Remove |
| | | | □ Change |
| | | | □Add |
| | | | □ Remove |
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| Effective date, if other than th | ust be specific and cannot be p | prior to date of filing or more plicable statutory filing re | | |
| (If an effective date is listed, the date monotonic in the late inserted in this become and the late on the late in the late on the late of the late on the late on the late on the late of the late on the late o | | ords. | | |
| Note: If the date inserted in this be document's effective date on the behavior of the record specifies a delayed effective date on the behavior of the record specifies and delayed effective date of the record | Department of State's reco | | the earlier of: (b) The 90th d | ay after the |
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| Note: If the date inserted in this bedocument's effective date on the line record specifies a delayed effection or disfiled. Dated 04/18 | Department of State's reco | ve time, at 12:01 a.m. on | | ay after the |
| Note: If the date inserted in this bedocument's effective date on the line record specifies a delayed effection or disfiled. Dated 04/18 | Department of State's reco | ve time, at 12:01 a.m. on | | ay after the |