

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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H2300014361534RC7

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	To:				
		Division of Corporations			
		Fax Number : (850)617-6383			
	From:				
		Account Name : LICENSES & PERMITS LLC			
		Account Number : I20210000155	٠,٠	_	
~)	J -	Phone : (305)226-8727	٠.5	2023	
	į	Fax Number : (305)226-8767		ش	
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-		the email address for this business entity to be dual report mailings. Enter only one email address		_ ည	
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN READY ROOF REPLACEMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

COVER LETTER

	istration Section ision of Corporations	4	,
SUBJECT:	READY ROOF REPLACEMENT LLC		
oobolici.	Name of Limited Liability Company		
The enclosed	Articles of Amendment and fee(s) are submitted for filing.		
	all correspondence concerning this matter to the following:		
	LUCIA ESTRELLA		
	Name of Person		
	Licenses & Permits LLC		
	Firm/Company		
	8300 W Flagler St Suite 114		
	Address	filing. Diving: The of Person VCompany Address The and Zip Code Thiture annual report notification) The annual report notification Daytime Telephone Number O Filing Fec & S60.00 Filing Fee, Certificate of Status &	
	Miami, Fl 33144		
	City/State and Zip Code		
	DY ROOF REPLACEMENT LLC Name of Limited Liability Company les of Amendment and fee(s) are submitted for filing. rrespondence concerning this matter to the following: LUCIA ESTRELLA Name of Person Licenses & Permits LLC Firm/Company 8300 W Flagler St. Suite 114 Address Miami, Fl. 33144 City/State and Zip Code licenses114@gmail.com E-mail address: (to be used for future annual report notification) ion concerning this matter, please call: at (105		
For further info	ormation concerning this matter, please call:	,	
Lucia Estrella			
		Felephone Number	
Enclosed is a cl	heck for the following amount:		
■ \$ 25.00 Fili	Certificate of Status Certified Copy	Certificate of Certified Co	of Status &
Regis Divis P.O. I	tration Section ion of Corporations Box 6327 Box 6327 Box 6327 Box 6327 Box 6327 Box 6327 Composition of Corporations The Centre of Tall 2415 N. Monroe St	orations lahassee Street, Suite 810	

ARTICLES OF AMENDMENT , TO ARTICLES OF ORGANIZATION OF

Ready Roof Replacement LLC					
(Name of the Li	mited Liability Company as (A Florida Limited Liabili	it now appears on our records.) y Company)			
The Articles of Organization for this Limited				and assi	on ed
Florida document number L23000178775	·			unu ubbi	B400
This amendment is submitted to amend the fo	ollowing:				
A. If amending name, enter the new name	of the limited liability c	ompany here:			
The new name must be distinguishable and contain the	words "Limited Liability Con	npany," the designation "LLC" or	the abbrevi	ation "L.L.	C."
Enter new principal offices address, if appl	licable:				
(Principal office address MUST BE A STRE	ET ADDRESS)				
				•	
Enter new malling address, if applicable:		•			
(Mailing address MAY BE A POST OFFICE	E BOX)				
				~ ~	
n			•	123	_
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office addres ess here:	s on our records, enter the	name of t	he new r	egistere
Name of New Registered Agent:	Jorge G Cabada		•		
New Registered Office Address:	166 79th St Suite 400		· ,-	<u></u>	
		Enter Florida street address	•	5	
	North Bay Village	, Florida	33141		
Same Process of the Control of the C	Cir	, — <u> </u>	Zip	Code	,
New Registered Agent's Signature, if changing					
hereby accept the appointment as registere	ed agent and agree to ac	et in this capacity. I further	agree to	comply	with the
provisions of all statutes relative to the prop accept the obligations of my position as reg	er and complete perfori	nauce of my duties, and L			. f
cing filed to merely reflect a change in the ompany has been notified in writing of this	registered office addres	s 1 hereby confirm that the	Or, if this limited l	docume iability	nt is
	• /	/ /	•		
	If Changing Reg	istered 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	Jorge G Cabada	1666 NW 79th St Suite 400	
		North Bay Village, Fl 33141	
			Change
			□Add
			□Remove
			☐Change
			□Add
			□Remove
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Add EIN No:	other information, enter change(s) here: (Attach additional sheets, if necessary.) 92-3546780	
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tive date, if otl	ner than the date of filling: April 17, 2023 (optional)	
ticon se date la ttate	tu, the date inust be specific and cannot be prior to date of filing or more than 90 days after filing) possess	n 10 605.
in the date mise	rted in this block does not meet the applicable statutory filing requirements, this date will not date on the Department of State's records.	be liste
induit a directiffe i	rate on the Department of State & records,	
rd specifies a del iled.	layed effective date, but not an effective time, at 12:01 a.m. on the carlier of: (b) The 90th d	ay after
neu.		
April 17	2023	
	<u> </u>	
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1	Signature of a member or authorized representative of a member	

Filing Fee: \$25.00