## L230001965W

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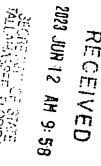
Office Use Only



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## **COVER LETTER**

	Registration Sec Division of Corp			
SUBJEC		Roofing & Construction LLC		
SOBJEC	. I	Name of Lim	ited Liability Company	
The enclo	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspon	ndence concerning this matter	to the following:	
		Elinett Medina		
			Name of Person	
		Southworth Roofing & Co.	nstruction LLC	
			Firm/Company	<del></del>
		752 SE Majestic Ter		
			Address	<del> </del>
		Port Saint Lucie FL 34983		
			City/State and Zip Code	
		em@southrc.com		
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information ed	oncerning this matter, please ca	all:	
Elinett M	1edina		786 379-0111	
	Name of	f Person		ne Telephone Number
Enclosed	l is a check for th	e following amount:		
□ S25.0	00 Filing Fec	■ \$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	ç·	Street Address:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

73 1111 12 11

2023 JUH 12 AM 9:58

SECRETARY (L. TALLAHASSEL :

Southworth Roofing & Construction 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	y were filed on <u>04/20/2023</u>	and assigned
Florida document number L23000196510		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter now mailing address if analisables		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office	address on our records, en	ter the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Now Designated Office Address		
New Registered Office Address:	Enter Florida street ad	dress
		. Florida
	City	Zip Code

## 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 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	Elinett Medina	752 SE Majestic Ter Port Saint Lucie FL 34983	<b>≣</b> Add
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			□Add
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