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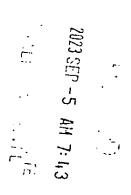
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Special Instructions to	Filing Officer:	

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of 9/19/2023

COVER LETTER

TO: Registration Section Division of Corporations	· · · · · · · · · · · · · · · · · · ·
SUBJECT: All Seasons P. Name	of Limited Liability Company
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.
Please return all correspondence concerning this i	matter to the following:
Yay	New of Person
All Seaso	ns Roofing & Gotters LLC Firm/Company
251	Valencia Ave
Coral	City/State and Zip Code Coothy man e gmail. com dress: (to be Jsed for future annual apport notification)
allseaus E-mail ad	roothum, an le gmail. com dress: (to be Jsed for future annual aport notification)
For further information concerning this matter, pl	lease call:
V ANCISY TOYOS Name of Person	at (305) 218-0089 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee Certificate of Sta	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All seasons Booting	2023 SEP -5 All 7: 43 mpany as it now appears on our records.) red Liability Company)
(<u>Name of the Limited Liability Cor</u> (A Florida Limit	ied Liability Company)
The Articles of Organization for this Limited Liability Compa	any were filed on April 37, 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited l	iability company here:
The new name must be distinguishable and contain the words "Limited L	iability 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	<u> </u>
r_a	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
Mulling duaress MAT BE A TOST OF FICE BOX	
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ce address on our records, enter the name of the new registere
<u></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.

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
M6R	Jose Pino	7030x 142063	
		Coral falles FL 33/14	Remove
			Change
			□Add
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n effective date is liste te: If the date inse	ner than the date of food, the date must be specificated in this block does a date on the Department	ic and cannot be prior not meet the applic	r to date of filing or me cable statutory filing		ling.) Pursuant to 605.020
ecord specifies a de s filed.	layed effective date, bu			on the earlier of: (b)	The 90th day after the
red \hat{y}	129	. 23			
	Y#				
	Signature	of a member or auth	orized representative	of a member	