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COVER LETTER

TO:	Registration Se Division of Cor					
		· S ROOFING LLC	~.			
SURI	ECT:					
.,0.00		Name of Lim	ited Liability Company			
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please	return all correspo	indence concerning this matter	to the following:			
		DAYSI E MOLINA				
		-	Name of Person			
		CULLINAN ROOFING L	LC			
	Firm/Company					
		11O SE 6TH ST STE 1700				
			Address			
		FORT LAUDERDALE, FI	.33301			
		velerosroofing@gmail.com	City/State and Zip Code	.		
		E-mail address: (to be used for future annual report noti	fication)		
For fu	rther information c	oncerning this matter, please c	all:			
DAYSI E MOLINA		239 955-1203				
Name of Person		at () Area Code Daytim	e Telephone Number			
	Name o	Freison	Area Code Dayum	e reseptante Number		
Enclos	sed is a check for th	ne 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:		<u>Street Address:</u> Registration Se	ction			
Registration Section Division of Corporations			Division of Cor			
P.O. Box 6327			The Centre of T	The Centre of Tallahassee		
	Tallahassee, I	FL 32314	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 SEP -7 PM 1:29 CULLINAN 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 06/01/2023 and assigned Florida document number 1.23000265847 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: VELEROS ROOFING 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: (Principal office address MUST BE A STREET ADDRESS) 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, 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

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

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
			□ Add
			□Remove
			□Change
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Effective date, if other thar fan effective date is listed, the dat Note: If the date inserted in the	iis block does not n	neet the applicable s	of filing or more than 9 atutory filing require	(optional) 0 days after filing.) Pursuments, this date will n	ant to 605,0207) of be listed as (
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