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.

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
	OOFING, LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
		-		
rtease return an correspo	ondence concerning this matter	to the following:		
	ANGEL E. MONTOYA P	INEDA		
	-	Name of Person		
	AM & M ROOFING. LLC	;		
		Firm/Company		
	6303 MERRIEWOOD DR	UVE		
		Address		
	ORLANDO, FL 32818			
		City/State and Zip Code		
	globaltexto@yahoo.com			
		to be used for future annual re	port notification)	
For further information c	oncerning this matter, please c	all:		
ANGEL E. MONTOYA	PINEDA	346 235- at ()	4375	
Name o	f Person	Area Code	Daytime Telephone	Number
Enclosed is a check for the	ne following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) (50.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Addres Registration 5 Division of C	Section		tress: ion Section of Corporations	
P.O. Box 632	7	The Cent	re of Tallahasse	e.

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AM & M ROOFING, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our record a Limited Liability Company)	<u>(s.)</u>
The Articles of Organization for this Limited Liability C Florida document number 123000298876	Company were filed on 06/21/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
M ROOFING AND CONSTRUCTION LLC		
The new name must be distinguishable and contain the words "Lin	nited 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 ADDI	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	rmer rioriau sireet adare.	33
		lorida
	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>	Name	Address	Type of Action
			□Add
			□ Remove
			Change
			□Add
	·		□Remove
			Change
			□Add
			□ Remove
			Change
		□Add	
	***	□Remove	
			Change
			□Add ·
		Remove	
		Change	
		□Add	
			□Remove
			□ Change

	
(If an et <u>Note:</u>	e date, if other than the date of filing: O8/02/2024 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as in this effective date on the Department of State's records.
the reco	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated	UGUST 2ND 2024
Date	
	And the second s

Typed or printed name of signee