**Division of Corporations** 

ويود الله الوجار الدين والمراجع المالية المحاصية المحاصية المحاجة المحاطية المحاجة المح

10/27/23, 4:20 PM



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.

(((H230003756673)))



H230003756673ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	LICENSES ETC INC
Account Number	:	120070000159
Phone	:	(239)777-1028
Fax Number	:	(877)275-3593

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PRESTIGE ROOFING COMPANY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	07
Estimated Charge	\$25.00



Help OCT 30 2023

K. Brumble)

(((H230003756673))) 1/1

1023 OCT 27 PH 4: 40

í.

<del>اس</del> ز ۷.

S

(((H230003756673)))

## COVER LETTER

## TO: **Registration Section Division of Corporations** PRESTIGE ROOFING COMPANY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TODD BABBITT Name of Person LICENSES, ETC. INC. Firm/Company 27911 CROWN LAKE BLD SUITE 211 Address BONITA SPRINGS, FL 34135 City/State and Zip Code SUPPORT @LICENSESETC.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TODD BABBITT 239777-1028 Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: 🔲 \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. S25.00 Filing Fee Certificate of Status Centified Copy Certificate of Status & Certified Copy (additional copy is enclosed). (additional copy is enclosed) MailingAddress; StreetAddress: **Registration Section Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PRESTIGE ROOFING COMPANY, LLC

#### (Name of the Limited Liability Company as it new appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	_08/22/2023 and assigned
Florida document number L23000394046	

This amendment is submitted to amend the following:

### A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 themew registered agent and/or the new registered office address here:

Name of New Registered Agent:			27	
New Registered Office Address:			PH	<u>ل</u> ت
	Enter Florida street address			
	Florida		0	
	City	Zip (	ode	

#### 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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

(((H23000375667.3.))) If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u>

or removed from our records:

Title	Name	Address	Type of Action
AMBR	STUART QUIEROZ	18549 WINTER HAVEN RD	□Add
		FORT MYERS, FL 33967	<b>=</b> Remove
			□ Change
			🖸 Add
			Change
			🖸 Add
			□Add
			🗌 Remove
			□Change
			🗋 Add
			🗍 Remove
			□Change
			□Add
			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

	 · · · · · · · · · · · · · · · · · · ·	
 		· · ·
 • · · · · · · · · · · · · · · · · · · ·	 	
	 · · ·	
 	 ·····	

If the record specifies a delayed effective date, but not an effective time, at 12.01 a million the earlier of: (b). The 90th day after the record is filed

OCTOBER 26

2023

Valmarsdin

Signature of a member or authorized representative of a member

JULIENNE VALMORBIDA

Typed or printed name of signee