11/14/24, 1304 PM

## Division of Corporations

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(((H240003789773)))



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Division of Corporations

Fax Number : (850)617-6383

From:

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EFILE1234@INCFILE.COM

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN ROOFER GUY LLC

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## **COVER LETTER**

(((H24000378977,3)))

	legistration Se Pivision of Cor			•		
~	ROOFE	R GUY LLC				
SUBJECT	n:	Name of Lin	nited Liability Company	<del></del>		
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retu	irn all correspo	endence concerning this matter	to the following:			
		LOVETTE DOBSON				
		*******	Name of Person			
			Firm/Company			
	17350 STATE HWY 249 #220					
			Address			
		HOUSTON TEXAS 7706	64			
		EFILE1234@INCFILE.CO	City/State and Zip Code			
		E-mail address; (	to be used for future annual report	notification)		
For further	r information c	oncerning this matter, please c	all:			
LOVETTE	DOBSON		8884623			
	Name o	f Person	Area Code Day	stime Telephone Number		
Enclosed i	s a check for th	ne following amount:				
■ \$25,00	) Fifing 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)		
R D P	tailing Addres Registration Solivision of Co. Box 632 fallahassee, I	Section orporations 7		Section Corporations of Tallahassee nroe Street, Suite 810		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H24000378977 3)))

ROOFE	ER GUY LLC			
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears (ted Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Comp.  Florida document number L23000405697	any were filed on 08/	29/2023 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited l	liability company her	<u>'e</u> :		
FINO STUDIO LLC				
The new name must be distinguishable and contain the words "Limited L	iability Company," the de-	signation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS	2			
Enter new mailing address, if applicable:		<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)		200		
		25		
		Ö		
B. If amending the registered agent and/or registered offi	ice address on our re	cords, enter the name of the new registered		
agent and/or the new registered office address here:				
		22 23		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	. Florida			
	Cuy	Zip Code		
New Registered Agent's Signature, if changing Registered Age	ent:			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of <i>n</i> as provided for in Ci	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is		
167	Changing David Local Land	nt. Signature of New Registered Agent		

11/15/2024 08:40:03 CSI Page: 4/5

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

(((H24000378977 3)))

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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		·····	□Remove
			□Change
			□Add
			□Remove
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ument's effective date o	n the Departm	ent of State's	records.				•
cord specifies a delayed : s filed.	effective date.	but not an ef	Tective time,	at 12:01 a.m. o	n the earlier of:	(b) The 90th	day after th
November 14th		20:	24				
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