

L230000407056

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

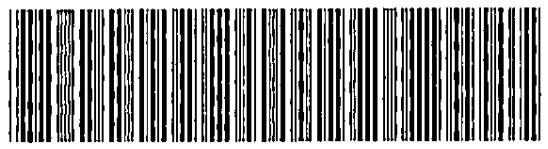
(Business Entity Name)

(Document Number)

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2024 JAN -8 AM 10:02  
OFFICE OF THE STATE  
TREASURER, FL

PAID

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** VORTEX ROOFING SOLUTIONS LLC  
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:

JORGE PEREZ

Name of Person

VORTEX ROOFING SOLUTIONS LLC

Firm/Company

216 S Holly Ave

Address

SANFORD, FLORIDA 32771

City/State and Zip Code

jpmassx6@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JORGE PEREZ

Name of Person

at (407) 717-3104

Area Code

Daytime Telephone Number

STATE  
2024 JAN -8 AM 10:02  
FILED

Enclosed is a check for the 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**VORTEX ROOFING SOLUTIONS 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 08/30/2023 and assigned Florida document number L23000407056.

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 "L.L.C."

Enter new principal offices address, if applicable:

216 S Holly Ave

**(Principal office address MUST BE A STREET ADDRESS)**

Sanford FL 32771

Enter new mailing address, if applicable:

216 S Holly Ave

**(Mailing address MAY BE A POST OFFICE BOX)**

Sanford FL 32771

**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*

Florida

*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 Changing Registered Agent, Signature of New Registered Agent**

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STATE  
SECRET

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JORGE PEREZ	216 S Holly Ave	<input checked="" type="checkbox"/> Add
		Sanford FL 32771	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MATHEW D PEREZ	7501 NW FARNSWORTH CIR	<input checked="" type="checkbox"/> Add
		PORT SAINT LUCIE, FL 34987	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2014 JAN 8 AM 10:02  
STATE OF FLORIDA  
TALLAHASSEE

