## 123000445831

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## **COVER LETTER**

TO: Registration S Division of Co			•
CLUB ICCST	ROOFING LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
rease return all corresp	ondence concerning this matter	to the following:	
	MARIA MARIN		
		Name of Person	
	M MARIN INC		
		Firm/Company	
	4147 N DIXIE HWY		
	<del></del>	Address	
	OAKLAND PARK, FL 33	334	
	MARIA@MMARININC.C	City/State and Zip Code	
	<del>=</del>	to be used for future annual report notif	fication)
For further information	concerning this matter, please co	all:	
MARIA MARIN		954 537-9200 at ( )	
Name (	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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

E.Y.A CV 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  $\frac{09/26/2023}{1}$ and assigned Florida document number L23000445831 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 "LL.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 \_, Florida \_

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Aúthorized 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>Tide</u>	Name	Address	Type of Action
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ffective date, if other than the an effective date is listed, the date must be a first of the date inserted in this blocument's effective date on the D	t be specific and cannot be prior to ock does not meet the applicab			
record specifies a delayed effectivis filed.	e date, but not an effective tim	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
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Agastin	Signature of a member or authori	zed representative of a mem	her	

Filing Fee: \$25.00