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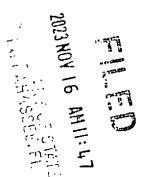
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL MAIL
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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Division of Co	rporations			
	G C ROOFING LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	NATALY F CRUZ			
		Name of Person		
		Firm/Company		~
	12245 SW 219TH ST	1 min company	-	.023 H
		Address		
	MIAMI, FL 33170			S AM
	francelia04cruz@gmail.com	City/State and Zip Code n		2023 HOV 16 AM 11: 47
For Contract Comments		to be used for future annual report not	fication)	
	concerning this matter, please c			
NATALY F CRUZ	f Person	561 275-6799 at () Area Code Daytin	e Telephone Number	-
Enclosed is a check for the	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 Fe Certificate of St Certified Copy (additional copy is o	atus &
Mailing Addres		Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632		Division of Cor The Centre of T		

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WILSON G C ROOFING LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on <u>09/26/2023</u>	and assigned
Torida document number L23000446650		
This amendment is submitted to amend the following:		2023
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	ē I
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	())
Enter new principal offices address, if applicable:	10 SW 14TH TERR	<u> </u>
Principal office address MUST BE A STREET ADDRESS)	HOMESTEAD, FL 33030	TT: F
		· ;;
Enter new mailing address, if applicable:	10 SW 14TH TERR	
Mailing address MAY BE A POST OFFICE BOX)	HOMESTEAD, FL 33030	
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, enter th	e name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	P . 21 : 1	<u> </u>
	Enter Florida street address	
	, Flori	da Zip Code
	Cuy	esp cone

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

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	<u>Type of Action</u>
			□Add
			□ Remove
			ORange OAdd
			NO TO
			SS ORE Ve
			SS DRestove D
			□ Add
			□Remove
			Change
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	11/08/2023		(optional)	
ffective date, if other than the d an effective date is listed, the date must b	re medific and cannot be smort	o date of filing or more than 9	days after filing.) Pursuant t	o 605.0207
Note: If the date inserted in this bloc locument's effective date on the Dep	k does not meet the applica artment of State's records.	nie stantory ning require	ments, this date will not be	C 1121CO 82
record specifies a delayed effective of its filed.	date, but not an effective tin	ne, at 12:01 a.m. on the ea	rlier of: (b) The 90th day	after the
	2023			
NOVEMBER 8TH	,			
Pated	gnature of a member or author			

Filing Fee: \$25.00