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COVER LETTER

TO: Registration Sec Division of Corp		•	•			
	epair Services LLC					
SUBJECT:Name of Limited Liability Company						
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.				
Please return all correspo	ndence concerning this matter	to the following:				
	Donna Bloom					
		Name of Person				
		Firm/Company				
	2951 SE Dominica Terrace	·				
	G P. 24007	Address				
	Stuart. FL 34997	City/State and Zip Code				
	donna@dynamicmetal.net	to be used for future annual report notif	lication)			
For further information c	oncerning this matter, please c					
Donna Bloom		561 275-9977 at ()				
Name o	f Person	Area Code Daytime	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 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

MS Roof Repair Services LLC			
(Name of the Limited L	iability Company as it now appears on ou lorida Limited Liability Company)	ir records.)	
he Articles of Organization for this Limited Liability Company were filed on October 12, 2023 are lorida document number L23000470202			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and contain the words	"Limited Liability Company," the designat		
Enter new principal offices address, if applicable	e:	2023	
(Principal office address MUST BE A STREET	DDRESS)	<u> </u>	
			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		
B. If amending the registered agent and/or regis		s, enter the name of the new regist	
agent and/or the new registered office address in	<u> </u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida str	eet address	
	tonte i na teta sur		
		, Florida	

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>	<u>Name</u>	Address	Type of Action
MGR	Manuel Soto		□Add
			□Remove
		Manuel Soto Ruiz	■ Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
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Typed or printed name of signee