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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: VH ROOF	REPAIR & RESTORATION			
	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter			
	ALFREDO VILLATORO	CARRILLO		
		Name of Person		
	VH ROOF REPAIR & RE	STORATION LLC		
		Firm/Company		
	4678 HAIRLAND DR			
		Address		
	WEST PALM BEACH, F			
		City/State and Zip Code		
	danielasmultiservices@out E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c			
ALFREDO VILLATOR	O CARRILLO	at (561) 670-7218		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 632 Tallahassee, l		The Centre of		
rananassee, l	FL 34314	2410 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VH ROOF REPAIR & RESTORATION LLC		22.
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appears on our records. Limited Liability Company)) 2024 607 15 12. 6:5
The Articles of Organization for this Limited Liability Co	ompany were filed on 10/24/2023	and assigned
Florida document number 1.23000486084		· i i
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
VH CONSTRUCTION AND SERVICES LLC		
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRI	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	rida
	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 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
			\ _Add
			□Remove
		·	☐ Change
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Add
			□Remove
			Remove
			☐ Change
			□Add
			□Remove

	
	
	
Note: If the date inserted in	an the date of filing:
he record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated October 02	
	Alfredo Villatoro Carrillo Signature of a member or authorized representative of a member
	Alfredo Villatoro Carrillo Typed or printed name of signee