## L24000146830

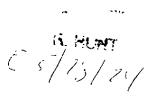
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL.
(Bus	iness Entity Nar	ne)
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:E_	_ ROBFING	LLC ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing	
Please return all correspon	dence concerning this matter to	o the following:	
		Name of Person	
	————E	VILL Cope 2	-
	1435 W	iest king Stre	et # B39
	Cocoa F	lorida 32923 City State and Zip Code	<u>)</u>
	Emilopezi E-mail address: 116	231 0) ( loud · (o	Mation)
For further information co-	ncerning this matter, please cal	u:	
Emily	OPEZ Person	at (321) 537 Area Code Daytime T	1466 elephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	\$\$ \$30,00 Filing Fee & Cernificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60,00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

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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

(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 $03 26 2024$ and assigned forida document number $124000146830$
his amendment is submitted to amend the following:
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:
Principal office address MUST BE A STREET ADDRESS)
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)
). If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registere</u> gent 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
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			□Remove
		<u>.</u>	UChange
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and the second second		
	than the date of filing:	more than 90 days after filing.) Pursuant to 605 020.
	in this block does not meet the applicable statutory fil on the Department of State's records	ling requirements, this date will not be listed as
	The first of the f	
ocument's effective date	d effective date, but not an effective time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
ocument's effective date record specifies a delaye l is filed.		n, on the earlier of: (b) The 90th day after the
ocument's effective date record specifies a delayel is filed.	d effective date, but not an effective time, at 12:01 a.m.  2024  Signature of Jinember of authorized representation	

Typed or printed name of signee