

L24 000 165 707

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

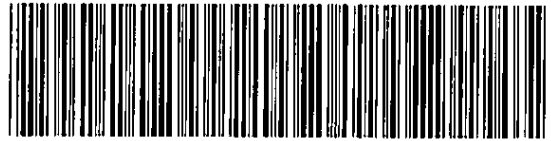
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MASTER C.L. ROOFING LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KEILA OCHOA LEMOINE  
Name of Person

Firm/Company

5729 HICKSON RD  
Address

JACKSONVILLE, FL 32207  
City/State and Zip Code

masterc.l@myroofing.online  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KEILA OCHOA at ( 904 ) 893 6414  
Name of Person Area Code & Daytime Telephone Number

**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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

MASTER C.L. 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 April 08, 2024 and assigned  
Florida document number L24000165707

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5729 HICKSON RD  
JACKSONVILLE, FL. 32207

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:

ISABEL POLO GÓMEZ

New Registered Office Address:

3260 VICTORIA CT E JACKSONVILLE

Enter Florida street address

JACKSONVILLE

City

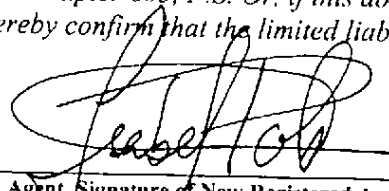
Florida

32216

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 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>	<u>Address</u>	<u>Type of Action</u>
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MGR	KEILA OCHOA LEHOINE	1706 ART MUSEUM DR APT 14	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

MGR	BAYRON ARIEL CARDONA	1706 ART MUSEUM DR APT 14	<input checked="" type="checkbox"/> Add
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\_\_\_\_\_ ☐ Remove

\_\_\_\_\_ ☐ Change

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\_\_\_\_\_ ☐ Change

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\_\_\_\_\_ ☐ Change

_____	_____	_____	<input type="checkbox"/> Add
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\_\_\_\_\_ ☐ Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

I NEED TO ADD IN THE ARTICLES  
AS MANAGER KEILA OCHOA LEMOINE  
AND ALSO AS MANAGER BAYRON  
CARDONA. THE NEW REGISTERED AGENT  
IS ISABEL POLO GÓMEZ.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 06/17/2024

KEILA OCHOA LEMOINE  
Signature of a member or authorized representative of a member

KEILA OCHOA LEMOINE  
Typed or printed name of signee