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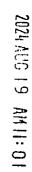
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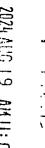
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: A & J top ROOFING, LLC Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MARIA MADALENA CALDAS - LO PES Name of Person
MADE IN BRAZIL SERVICES
2950 WINKLER AVENUE - SUITE 501
FORT MYERS FL 33916 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MARIA MADALENA CALDAS - LOPES at (239) B10 - 6079 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

Not

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A&J tOP ROOFING,	LLC			
(Name of the Limited Liability C (A Florida Lir	Company as it now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Com	pany were filed on 04/16/2021	and assi	gned	
Florida document number <u>L 24 000 180352</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	l liability company here:			
N/A				
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	he abbreviation "L.I	C.''	
Enter new principal offices address, if applicable:	A/4			
(Principal office address MUST BE A STREET ADDRES	<u> </u>			
		207		
		202 4 AUG		
Enter new mailing address, if applicable:	N/A	<u></u> ਨ	· · ·	
(Mailing address MAY BE A POST OFFICE BOX)		. ω	: 	
	<u></u>	. AH		

B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the i	name of the new	registered	
Name of New Registered Agent:	N/A			
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 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
<u>ambr</u>	URBINA MAZARIEGO DAIRY VERONICA	5457 3RD AVENUE FORT MYERS, FL, 3390	1 <mark>1</mark> □Add
			CRemove
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Effectiv	re date, if other than the date of filing: (optional)
(If an effect	tive 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
	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as not's effective date on the Department of State's records.
	To the company of
ne record ord is file	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 d.
Dated _	MAY, 14 2024
) (***)
	Signature of a member or authorized representative of a member
	DAIRY VERONICA URBINA MAZARIEGO Typed or printed name of signee

and the second of the second

Filing Fee: \$25.00