## L24000228766



(Re	equestor's Name)	
(Ād	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
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## COVER LETTER

TO: Registration Sec Division of Corp	ction porations		,
	IT ROOFS LLC		
SUBJECT:	Name of Limit	ed Liability Company	·
The enclosed Articles of a	Amendment and fee(s) are subn	nitted for filing.	
	ndence concerning this matter to		
	HENRY KLEINER		
		Name of Person	
	ALL ABOUT ROOFS LLC		
		Firm/Company	
	17100 NE 11 CT.		
		Address	
	NORTH MIAMI BAECH.	FL 33162	
		City/State and Zip Code	<del></del>
	allaboutroofstl@gmail.com E-mail address: ()	o be used for future annual report notifi	ication)
For further information of	concerning this matter, please ca		
HENRY KLEINER	_	786 355-7936 at ()	
Name (	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	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 radditional copy is enclosed)
Mailing Addre		Street Address:	etion
Registration Division of 0	Section Corporations	Registration Sec Division of Cor	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

ALL ABOUT ROOFS, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24000228766</u>	ny were filed on <u>05/16/2024</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	
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 here:  Name of New Registered Agent:  New Registered Office Address:	ce address on our records,	
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent's Signatu		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacted the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	lete performance of my du as provided for in Chapte	ties, and I am familiar with and r 605, F.S. Or, if this document is

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>	Type of Action
AMBR	KLEINER, EDITH	17100 NE 11 CT., NORTH MIAMI BEACH, F	L 3316 
			⊡Remove
			□Change
AMBR	URRUTIA, CARLOS F.	13250 SW 53 ST., MIARAMAR, FL 33027	
			□Remove
			□Change
AMBR	URRUTIA, CARLOS A.	13250 SW 53 ST., MIARAMAR, FL 33027	<b>=</b> Add
			□Remove
			□Change
		_	□Add
			□Remove
			Change
		_	🗆 Aðd
			□Remove
			□Change
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			Remove
			[] Change

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Note:	ive date, if other than the date of filing:  (optional)  ective 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 605.02  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ent's effective date on the Department of State's records.
recor d is fil	d 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
hateC	09/16/2024
Dated	I sun Weliner
Dated	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00