L24000265695

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COVER LETTER

	egistration Sectivision of Corp			
51 (D 11272)	AVILA ROOFING EXPERTS SOLUTIONS LLC			
SUBJECT	·	Name of Li.ni	too Liability Company	
The enclos	ed Articles of A	mendment and fee(s) are subt	nitted for filing.	
Please retu	rn all correspon	dence concerning this matter	to the following:	
		JOSE G. AVILA GONZA	LEZ	
			Name of Person	
		AVILA ROOFING EXPER	RTS SOLUTIONS LLC	
		-	Firm/Company	
		205 PERRY AVE		
			Address	
		GREENACRES, FL. 3346	3	
	City/State and Zip Code			
		ja9144684@gmail.com		
			to be used for future annual report notification)	
For further	information co	ncerning this matter, please ca	dl:	
JOSE G.	AVILA GONZ	ALEZ	561 889-5359 at ()	
	Name of	Person	Area Code Daytime Telepho	one Number
Enclosed i	s a check for the	following amount:		
□ \$25.00) Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ection orporations	Street Address: Registration Section Division of Corporatio The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	isee t, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AVILA ROOFING EXPERTS SOLUTIONS LLC (Name of the Limited Liability Company as it no.3 appears on our records.

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on JUNE 11, 2024 and assigned Florida document number <u>L24000265695</u> 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) 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: New Registered Office Address: Enter Florida street address , Florida City 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, A.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 bor removed from our records:						
MGR = N AMBR = A	Janager Authorized Member					
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action			
AMBR	JAIME TREJO	402 S E ST. LAKE WORTH, FL. 334 6 0	□Add			
			Remove			
			□Change			
	7575		□Add			
			□Remove			
			□ Add			
			□Change			
 			□ Add			
			□Remove			
			□Change			
			□Add			
			□Remove			
			□Change			
			□Add			
			□Remove			
			□Change			

). If amending any other information	n, enter change(s) here: (Attach additiona	al sheets, if necessary.)
		
	<u> </u>	
E. Effective date, if other than the da (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	t does not meet the applicable statutory filing i	(optional) e than 90 days after filing.) Pursuant to 605 0207 (3½5) requirements, this date will not be listed as the
If the record specifies a delayed effective datecord is filed.	ate, but not an effective time, at 12:01 a.m. on	the earlier of: (b) The 90th day after the
Dated	. 2024	
· Jose 1	Aujo	
Sig	gnature of a member or authorized representative of	f a member
JOSE G. AVILA GONZA	LEZ Typed or printed name of signee	
	Type of printed name of signer	i