12400360462

(Requestor's Name)
(Address)
(Address)
(1837838)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500428911065

11/25/34--01002 -010 ***...00

024 NOV 25 AM 10: 5

COVER LETTER

Division of Corpo				
SUBJECT: Ruc	ys Roofing	g 0/ Floric's ted Liability Company	LL C	
The enclosed Articles of Ar	mendment and fee(s) are subr	mitted for filing.		
Please return all correspond	lence concerning this matter t	to the following:		
	Juan M.	Gar (15		
		GGY (19		
	JG-ED	AMS, LLC		
	101 N /	Monroe St. So Address	ite 800	
	Tallaha	scoe fl 32	301	
	E-mail address: (t	City/State and Zip Code S 9 6 9 - Consu o be used for future annual report noti	Iting . Com	
For further information con	cerning this matter, please ca			
Juan M.		at (954) 498 - Area Code Daytim	4390	
Name of F	'erson	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	porations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations 25 Sallahassee Street, Suite 810 Sallahassee	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roduls Room	sbility Company as it now appears on our records.) orda Limited Liability Company)
(Kame of the Limited Lia (A Flo	bility Company as it now appears on our records.)
The Articles of Organization for this Limited Liabilit	y Company were filed on 8 1/6 /2024 and assigned
This amendment is submitted to amend the following	y.
A. If amending name, enter the new name of the l	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 AD	ODRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered and/or the new registered office address her	ered office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida City Zip Code
New Registered Agent's Signature, if changing Regist	
provisions of all statutes relative to the proper an accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with the d complete performance of my duties, and I am familiar with and d agent as provided for in Chapter 605, F.S. Or, if this document is tered office address, I hereby confirm that the limited liability ge.

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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
MGR	RodolpoR	loja, Jugrez	DAdd
		2210 Saxon St	□Remove
		7210 Saxon St Tallahassee t	2 3230/ □Change
P	Rodolgo :	Sugres Rojas	
	·		
		Tallahasse, FL	32301 □Change
			□Add
			□Remove
			□Change
	 -		□Add
			□Remove
			Change
			□Add
			TALLANASSEE FU
			Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	
	
Effective date, if other than the date of filing:	
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 cord is filed.	<u>.</u>
Dated 1/25 /7 624, Signature of a member of a member 1 25 25 25 25 25 25 25 25 25 25 25 25 25	
Signature of a member of a mem	

Filing Fee: \$25.00