L24000376518



(Re	equestor's Name)	
(Ac	ddress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
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COVER LETTER

то:	Registration Se Division of Cor			
		Y ROOFER LLC		
SUBJE	:CT:	Name or con	ited Liability Company	 _
The en	closed Articles of	Amendment and 656(s) are sub	emitted for filling.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ASHER NEAMAN		
			Name of Person	
		TRUST MY ROOFER LI	.C	
		·	ifirm/Company	
	• • .	2520 SW 30TH AVE.		
			Address	
		HALLANDALE BEACH	FL. 33009	
			City/State and Zip Code	
		ASTRISH@OUTLOGK.C	OM to be used for future annual report notif	ication)
For fur	ther information co	oncerning this matter, please c	·	
	R NEAMAN		954 299-2241	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclose	ed is a check for th	e following amount:		
■ \$2:	5.00 Filing Fee	☐ \$30.00 Fiting Fee & Certificate of Status	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

Street Address:
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**

(Name of the Limited Liability (A Florida L	Company as it now appears on our record limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Co Florida document number <u>L24000376518</u>	mpany were filed on $\frac{08/27/2024}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRE	ESS)	EP 2
		24 PI
		<u> </u>
Enter new mailing address, if applicable:		110 N
Mailing address MAY BE A POST GEFICE BOX)		
B. If amending the registered agent and/or registered ogent and/or the new registered office address here:	office address on our records, <u>enter</u>	the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	
•	r.nier r loriaa street addres.	S
f_{N-1} , f_{N-1}	, Flo	orida
	City	

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
MGR	MILTON D LA CHAPEI.	2061 NW 81ST AVE. APT 624	∃ Add
		PEMBROKE PINES FL. 33024	□Remove
			☐ Change
	1970.00		☐Remove
			Change
	<u> </u>		□Add
			Remove
			Cl Change
	_		
			□Remove
			□ Change
			□Remove
			ElChange
			□ Add
			□Remove
			□Change

YOSEF RUBENSTEIN-(CHAN	GE: 50 UNITS 1	TO 45 UNITS)			
MILTON D. LA CHAPEL-(CH	ANGE 0 UNITS	TO 10 UNITS			
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ffective date, if other than the data an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	specific and rannot does not alreet th	e applicable sta	of filing or more that tutory filing rec	(option: han 90 days after tili ouirements, this da	ng.) Pursuant to 605.020
record specifies a delayed effective delayed.	ate, but not an eff	ective time, at	2:01 a.m. on th	ne earlier of: (b)	The 90th day after the
ated SEPTEMBER 16	202	4			
idia					
/~/) 1 *	nature of a member				

Filing Fee: \$25.00