L24000395279

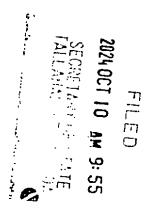
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COVER LETTER

TO:

Registration Section
Division of Corporations

cup wer		O ROOFING LLC	•		
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	EVELYN R GONZALEZ EA				
		Name of Person			
	ACCOUNTING CENTER	s) are submitted for filing. his matter to the following: NZALEZ EA Name of Person CENTER FOR SMALL BUSINESS LLC Firm/Company D DR Address 12807 City/State and Zip Code (N@GMAIL.COM) For used for future annual report notification) 1. please call: at (407 281-0227 Area Code Daytime Telephone Number			
	Firm/Company				
	5701 DOGWOOD DR				
Address					
	ORLANDO FL 32807				
		City/State and Zip Code			
	ACCORLEVELYN@GM/				
	E-mail address: (to be used for future annual report not	ification)		
For further information of	concerning this matter, please c	all:			
EVELYN R GONZALE	ZZ				
Name (of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy		
Mailing Addre Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Registration Se Division of Co The Centre of	rporations Fallahassee		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PORTO RC	OOFING LLC	
(Name of the Limi	ted Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L. Florida document number L24000395279	iability Company	were filed on SEPTEMB	ER 10, 2024 and assigned
his amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		4445 NW 110TH CT	
Principal office address MUST BE A STREET ADDRESS)		DORAL FL 33178	i
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4445 NW 110TH CT DORAL FL 33178	ECRE LANDALL SECRE
B. If amending the registered agent and/or agent and/or the new registered office addre	•	address on our records,	enter the name of the new register
Name of New Registered Agent:	CHRISTIAN J GONZALEZ SCHOTT		
New Registered Office Address:	4445 NW 110T	<u> </u>	
·		Enter Florida street	
	DORAL		Florida 33178
		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
AMBR	OTTO GONZALEZ SCHOTT	1102 BANKS ROSE CT KISSIMMEE FL 34747	□ Add
			≡ Remove
			□Remove
			□Change
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			⊡Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change

If amending any other information	m, enter change(s) here.	(Antica dutanonti anceis, i	g necessary.
			
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Effective date, if other than the difference of the date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	k does not meet the applicab	date of filing or more than 90 day le statutory filing requiremen	(optional) ys after filing.) Pursuant to 605.0207 (its, this date will not be listed as t
e record specifies a delayed effective rd is filed.			
Dated SEPTEMBER 24	. 24	.•	
Dated SEPTEMBER 24	in he of A	I beharft	<u></u>
<u> </u>	ignature of a prember or authoriz	red representative of a member	
		ONZALEZ SCHOTT	
	Typed or printed	same of signer	

Filing Fee: \$25.00