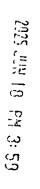


(Re	equestor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		





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COVER LETTER

TO: Registration S Division of Co			·
SUBJECT:	Liberty Name of Limi	Waterproofing ted Liability Company	ig LLC
The enclosed Articles o	f Amendment and fee(s) are subt	mitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
		John Churillo Name of Person	λ
	722 S	hurilla at (407) 463-2357 Area Code Daytime Telephone Number g amount: 10 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,	
	,		
	Winter	Springs, FL 3	2708
	Liber E-mail address: (i	City/State and Zip Code TYWA TETP COT I NG TO be used for future annual report notif	agmail.com
For further information	concerning this matter, please ca	ill:	
Name	hn Churilla of Person	at (<u>407</u>) <u>463</u> Area Code Daytime	- 2357 Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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

1.11-1....

(Name of the Limited Liability	y Company as it now	erpro	rrecords D		
(Name of the Limited Liabilit (A Florida	Limited Liability Con	npany)	Tree day		
The Articles of Organization for this Limited Liability Co Florida document number <u>L2500158</u>		on Apri	12,2025	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability comp	anv here:			
The new name must be distinguishable and contain the words "Limi	ted Liability Company	y," the designati	on "LLC" or the abb	reviation "L.	L.C."
Enter new principal offices address, if applicable:					
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>				
Enter new mailing address, if applicable:			. • • • • • • • • • • • • • • • • • • •	3.9.5 5.0.5	
Mailing address MAY BE A POST OFFICE BOX;			<u>:</u> 	<u> </u>	<u> "]</u>
					
				-0	
3. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on	our records	, <u>enter the name</u>	<u>of the nev</u> မှ မျှ မျှ	<u>v registered</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Ei	nter Florida stre	et address		
	711.		Florida	Zin Cade	
	City			гір с.оае	

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 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
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an effective (date is listed, the date inserted in	an the date of date must be specif in this block does in the Departmen	fic and canno not meet th	e applicable				a) Pursuant to 60	
record spec lis filed.	ifies a delayed o	effective date, bu	ut not an eff	fective time,	at 12:01 a.m.	on the earlie	rof:(b) Ti	ne 90th day afi	er the
ated	<u>Ju</u>	ne llo	<u>20</u>)25					
			0						
_		Signature	of a membe	ror authorize	d representativ	e of a member	·		

DIV E 635.60