19000069901

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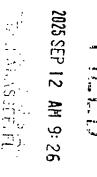


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2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

	Registration S Division of Co			
CITOTEZ		OOFING CONTRACTOR LL	(.	
SUBJEC	,1:	Name of Lin	nited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
	ADRIAN MIDDLETON, ESQ Name of Person SWORD & SHIELD, PLLC Firm/Company 1437 MARKET ST Address TALLAHASSEE, FL 32312 City/State and Zip Code			
			Name of Person	
		SWORD & SHIELD, PLI	,C	
			Firm/Company	
		1437 MARKET ST		
			Address	
		TALLAHASSEE, FL 323	12	
		BIZ@SWORDANDSHIEI		
			to be used for future annual report no	otification)
For furthe	er information c	concerning this matter, please c	all:	
ADRIAN MIDDLETON, ESQ		850 815 0256		
	Name c	of Person	at () Area Code Dayti	me Felephone Number
Enclosed	is a check for t	he following amount:		
■ \$25.0	00 Filing Fee	☐ \$30.00 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		Street Address:	
	Registration ! Division of C		Registration Se Division of Co	
	P.O. Box 632		The Centre of	

Tallahassee, FL 32314

COVER LETTER

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то:	Registration S Division of Co			
SUBJEC		ROOFING CONTRACTOR LL	(,	
SUBJEC	·1i	Name of Lin	nited Liability Company	
The encl	osed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all corresp	ondence concerning this matter	to the following:	
		ADRIAN MIDDLETON.	ESQ	
			Name of Person	
		SWORD & SHIELD, PLI	,C	
			Firm/Company	
		1437 MARKET ST		
			Address	
		TALLAHASSEE, FL 323	12	
			City/State and Zip Code	<u> </u>
		BIZ@ SWORDANDSHIEI		
			to be used for future annual report noti	fication)
For furth	er information	concerning this matter, please c	all:	
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	Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for t	he following amount:		
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	Mailing Addre Registration		Street Address:	ction
Registration Section Division of Corporations		Registration Sec Division of Cor		
	P.O. Box 631	27	The Centre of T	allahassee
	Tallahassee.	FL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

METAL ROOFING CONTRACTO						
(Name of the Limit	ted Liability Compa (A Florida Limited)	any as it now appears of Liability Company)	n ou <u>r records.</u>)			
The Articles of Organization for this Limited L. Florida document number <u>L19000069901</u>	iability Company	were filed on 03/07	7/2024	;	ınd assiş	gned
This amendment is submitted to amend the foll-	owing:					
A. If amending name, enter the new name o	f the limited liab	oility company here:	:			
The new name must be distinguishable and contain the w	vords "Limited Liabi	lity Company." the desig	gnation "LLC" or th	he abbrevia	tion "L.L	.C."
Enter new principal offices address, if applic	rable:	4640 LIPSCOMB :	ST, SUITE 4 PA	LM BAY.	. FL 3290)5
(Principal office address MUST BE A STREET ADDRESS)				<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4640 LIPSCOMB S	ST, SUITE 4 PA	LM BAY.	F1.3 25 SEP)5 ————————————————————————————————————
B. If amending the registered agent and/or r						
agent and/or the new registered office addre			- coo, <u></u>	77.	9:2	Ö
Name of New Registered Agent:	RONULD HO	GAN				
New Registered Office Address:	4640 LIPSCOM	MB ST, SUITE 4 Enter Florida	oracle and facing			
	PALM BAY	Enter r torsaa	street adaress Florida	32905		

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.

Cire

/S/ RONULD HOGAN
If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	RONULD HOGAN	2700 Croton Rd 2-8	
		Melbourne, FL 32935	■Remove
			□Change
MGR	RONULD HOGAN	4640 LIPSCOMB ST, SUITE 4	■Add
		PALM BAY, FL 32905	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	- <u></u>		□Add
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			□Remove
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Effective date, if other than t	he date of filing:	(option	nalt		
f an effective date is listed, the date n	nust be specific and cannot be prior to date of fil	ling or more than 90 days after t	iling.) Pur	suant to 6	605,0207
Note: If the date inserted in this locument's effective date on the	block does not meet the applicable statute Department of State's records.	ory filing requirements, this	date will	not be li	isted as
	•				
record specifies a delayed effec	tive date, but not an effective time, at 12:0) I a.m. on the earlier of: (b)	The 90t	ih day at	fter the
d is filed.				·	
CEDTEMBED 11	2025				
Dated					
)GAN				
/S/ RONULD HO	OGAN Signature of a member or authorized repres	sentative of a member			

Filing Fee: \$25.00