L200000 77174

(Re	questor's Name)	
(Ad	dress)	
•	,	
	dress)	
DA)	oress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
/D	singe Entity Non	
(Du	siness Entity Nan	ne)
(Do	curnent Number)	
Certified Copies	Certificates	of Status
	_	
	_	
Special Instructions to	Filing Officer:	
	-	

Office Use Only



800343256988

05/08/20--01010--003 **25.00

PACE VANCE OF LORIDA

2020 HAY -6 AM 10:02

COVER LETTER

. TO: Registration Section Division of Corporations
SUBJECT: Sheild F.S. LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Ryan Liptrap Name of Person
Firm/Company
1589 SE 81 St Address
STOVE FL 32091 City/State and Zip Code
Ryan Oshield-protects. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Pamber Johnson at 350 451 - 7814 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Sade Status Securificate of Status 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

The Articles of Organization for this Limited Liability Company were filed on 3/09/2020 and assigned Florida document number L2000077174 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: NA Name of New Registered Agent: New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

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

MA

<u>Title</u>	Name	Address	Type of Action
****			□ Add
			□Remove
			□Change
			Add
			Add Remove
			Remove
		 	□Change
			□Ađd
			□Remove
			Change
		 	□Add
			□Rеточе
			Change
		<u> </u>	Add
		-	
			□Change

We c	WE 11	14 CD(inging the	e name	<u> </u>
be cau	ise it	r was	sperred	wrong	dunne
Glinc) ·		1	_))
-	}				· · ·
= . =					
·				***************************************	

				· · · · · · · · · · · · · · · · · · ·	2028 33.0 34.1
					YAHAY YAHAY
				, , , , , , , , , , , , , , , , , , ,	<u> </u>
			· · · · · · · · · · · · · · · · · · ·		<u>_13</u> , <u>3</u>
					02 03 03 05 05 05 05 05 05 05 05 05 05 05 05 05
					——————————————————————————————————————
					
					-
- 1-4- 16 -AL	- 41 - 1-4-	C C1'		<i>(</i> 4°-	
	the date must be sp	ecific and cannot be	prior to date of filing or m		filing.) Pursuant to 605.
		oes not meet the ap nent of State's rec	oplicable statutory filin ords.	g requirements, this	date will not be liste
		but not an effect	ive time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after
	ed effective date	,			
	ed effective date				
d.	30	. 20	20_		
d.	30	. 20	20		
d.	30	<u>,</u> . 200	20.	of a member	
April	30	ature of a member or	20 . authorized representative	of a member	