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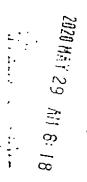
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COVER LETTER

TO:	Registration Sec Division of Coਸ਼ੂ		· •	*
CUBI		LOGY LLC		
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		ADRIAN MIDDLETON.	ESQ	
			Name of Person	
		MIDDLETON & MIDDL	ETON, P.A.	
			Firm/Company	
		1437 MARKET ST.		
			Address	
		TALLAHASSEE, FL 323	12	
			City/State and Zip Code	
		ADRIAN@SWORDANDS E-mail address: (HIELD.COM to be used for future annual report notification)	
For fu	ther information co	oncerning this matter, please c		
	AN MIDDLETON	-	850 815-0256	
	Name of		at () Area Code Daytime Telephone N	
	. and o			
Enclos	ed is a check for th	e following amount:		
≡ \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	Mailing Address Registration S Division of Co P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, St Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOFEROLOGY LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{05/27/2020}{}$ and assigned Florida document number ______1.20000137887 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 "LLC." 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: 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.

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

<u> Fitle</u>	<u>Name</u>	Address	2020 HAY 29	AH 8: 1 Type of Action
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effective date is listed, the date must be specifie: If the date inserted in this block does r	c and cannot be prior to dat not meet the applicable s	e of filing or more than statutory filing requir	90 days after filing.) Pursuant to 605. ements, this date will not be liste
ument's effective date on the Department	of State's records.		
cord specifies a delayed effective date, but	t not an effective time, a	t 12:01 a.m. on the e	arlier of: (b) The 90th day after
s filed.			
MANA	2020		
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Typed or printed name of signee