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C. GOLDEN 0CT - 5 2020

COVER LETTER

TO: Registration Section

Division of Cor	porations		
	LOGY LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subt	nitted for filing.	
	indence concerning this matter		
rease return an concept		•	
	ADRIAN MIDDLETON, I	ESQ	
		Name of Person	
		Firm/Company	-·- <u>-</u> -
	1437 MARKET ST		
		Address	
	TALLAHASSEE FL 3231	2	
		City/State and Zip Code	
	UPDATES@SWORDAND	SHIELD.COM	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please ca	all:	
ADRIAN MIDDLETON	N, ESQ	850 815 0256	
Name of Person		at () 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	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certific (c.) Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOFEROLOGY LLC

100 -0 50900

(Same of the Limited Limited Limited	Liability Company)	 ,
The Articles of Organization for this Limited Liability Company Florida document number L20000137887	y were filed on <u>05/27/2</u> 02	0 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	hility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
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 agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		Clorida
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my du s provided for in Chapte	ties, and Lam familiar with and r 605, F.S. Or, if this document is

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>	Name	<u>Address</u>	Type of Action
MGR	CALLAGHAN, JASON	1437 MARKET ST.	
		TALLAHASSEE FL 32312	■Remove
			☐ Change
MGR	ALEXANDER T PARRA	1437 MARKET ST.	■Add
		TALLAHASSEE FL 32312	□Remove
			□Change
			CiAdd
			Remove
			Change
			□Add
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note: If i	date, if other than the date of filing:
he record spord is filed.	becifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated _	GORET 1 2020.
	Signature of a member or authorized representative of a member
	SABRINA ARIZA
	Typed or printed name of signee