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COVER LETTER

TO: Registration Se Division of Cor			4
TROY SH	IELD, LLC.		•
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CLAUDIO CASTIGLIA		
		Name of Person	
	TROY SHIELD, LLC		
		Firm/Company	
	11505 SATELLITE BLVI)	
		Address	
	ORLANDO, FL 32837		
	F.SERRANO@SERRANG	City/State and Zip Code DCONSULITNGGROUP.COM	
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please c	all:	
FRANCISCO E SERRA	ANO	407 378-3080	
	f Person	at () Area Code Davtii	ne Telephone Number
Name o	i r cison	Area Code Dayin	ne retephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	S30.00 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:	oution
Registration Section Division of Corporations		Registration Se Division of Co	
P.O. Box 632	27	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Monro	oe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROY SHIELD LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	r as it now appears on our re- ability Company)	cords.)
The Articles of Organization for this Limited Liability Company w Florida document number	vere filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "	LLC" or the abbreviation "b.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		·
		Pii 3: 24
Enter new mailing address, if applicable:		بن
(Mailing address MAY BE A POST OFFICE BOX)		24
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:	dress on our records, <u>en</u>	ter the name of the new registered
	Enter Florida street aa	ldress
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties ovided for in Chapter 6	s, and I am familiar with and 05, 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ALBERTO LOPEZ	719 OAKLANDO DR	
			
		ALTAMONTE SPRINGS, FL 32714	
			□Remove
			□Change
MGR A	ALBERTO LOPEZ	719 OAKLANDO DR	
			□Add
		ALTAMONTE SPRINGS, FL 32714	_
		2222 CDVCTAL CDEEK DLVD	■Remove
		3322 CRYSTAL CREEK BLVD	□Change
AMBR C	CARLOS A LEBRON	ORLANDO, FL 32837	
	<u></u>		= Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	· - -		
			□Remove
		<u></u>	□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an effe	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
	JUNE 09 2020
Dated_	
	Signature of amember or authorized representative of a member
	FRANCISCO E. SERRANO
	Typed or printed name of signee

Filing Fee: \$25.00