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COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	RM SHIELD RESTORATION, L	LC	
SUBJECT:	Name of 1	Limited Liability Company	
The enclosed Artic	cles of Amendment and fee(s) are s	submitted for filing.	
Please return all co	prespondence concerning this mat	ter to the following:	
	Jake Allen		
		Name of Person	
	STORM SHIELD RES	TORATION, LLC	
	<u></u>	Firm/Company	
	248 Shady Oaks Circle		
	**************************************	Address	
	Lake Mary, FL 32746		
	<u></u>	City/State and Zip Code	
	jakea@stormshieldfl.com		
	E-mail addres	ss: (to be used for future annual report no	tification)
For further information	ation concerning this matter, pleas	e call:	
		at ()	
1	Name of Person	Area Code Daytii	me Telephone Number
Enclosed is a chec	k for the 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 /		Street Address:	
	ation Section n of Corporations	Registration Solution of Co	
P.O. Bo		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

STORM SHIELD RESTORATION, 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 06/02/2020At 1	AHASSEE Fill and assigned
Florida document number L20000149565		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
STORM SHIELD ROOFING AND RESTORATION, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1100 Central Park Drive Suite	e #1000
(Principal office address MUST BE A STREET ADDRESS)	Sanford, FL 32771	
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:	address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
	, F	lorida
	Cuy	гір Соле

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 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	Address	Type of Action
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
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f an effective date is li	other than the date disted, the date must be specified in this block do be date on the Department	ecific and cannot be pri ses not meet the app	licable statutory filin	option ore than 90 days after fi g requirements, this d	al) ling.) Pursuant to 605.0207 (late will not be listed as t
		, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
document's effectiv	delayed effective date.				
document's effectiv		, 2022	·		
document's effective record specifies a red is filed.			·		
document's effective record specifies a red is filed.	th	, 2022 Lurc of a member or au	thorized representative	of a member	