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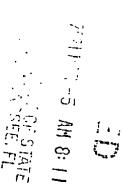


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## **COVER LETTER**

TO:

TO: Registration S Division of Co				
	MY SERVICES LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	MIDDLETON, ADRIAN,	ESQ.		
	1437 MARKET ST			
		Address		
TALLAHASSEE, FL 32312				
		City/State and Zip Code		
	KEVIN@SWORDANDSH	IELD.COM to be used for future annual report notifi	ication)	
For further information	concerning this matter, please c			
MIDDLETON, ADRIA	.N, ESQ.	850 815-0256		
Name	of Person	Area Code Daytime	Telephone Number	
Enclosed is a check for t	the following amount:			Mark.
■ \$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 Addre		Street Address:	tion.	
Registration Division of C		Registration Sec Division of Corp		
P.O. Box 63	27	The Centre of Ta	allahassee	
Tallahassee.	FL 32314	2415 N. Monroe	Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROOF ARMY SERVICES 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  $\frac{07/21/2020}{1}$ \_ and assigned 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: Enter Florida street 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

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	Kenneth Eugene Hampton, Jr.	2630 Noble Dr.	<b>≣</b> ∧dd
		Tallahassee, Florida 32308	□Remove
AMBR	James R. Galloway, III	2630 Noble Dr.	Add
		Tallahassee, Florida 32308	□Remove
			□Change
		<del></del>	□Remove
			□Change
		<del> </del>	□Add
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ffective date, if other than the dat	e of filing:		(optional)
an effective date is listed, the date must be a			days after filing.) Pursuant to 605.01 nents, this date will not be listed
vore: Trang date inscribed in this prock i		, .	
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ocument's effective date on the Departered specifies a delayed effective data is filed.		ne, at 12:01 a.m. on the ear	lier of: (b) The 90th day after t
record specifies a delayed effective dat d is filed.  Dated MARCH 4	. 2021	ne, at 12:01 a.m. on the ear	

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Filing Fee: \$25.00