## K20000360248

| (Requestor's Name)                      |
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| PICK-UP WAIT MAIL                       |
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## **COVER LETTER**

| SHIELDFT SUBJECT:                         | VE LLC                                       |   |   |
|---|--|---|---|
| , o b o i o i o i o i o i o i o i o i o i | Name of Lin                                  | ited Liability Company  | <del></del>   |
| The enclosed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.  |   |
| Please return all correspo                | ondence concerning this matter               | to the following:   |   |
|   | Elyam Moral Collazo                          |   |   |
|   |  | Name of Person  |   |
|   | SHIELDFIVE LLC                               |   |   |
|   |  | Firm/Company  |   |
|   | 6951 NW 16th Street / Wa                     | rehouse   |   |
|   |  | Address   |   |
|   | Miami, FL 33126                              |   |   |
|   | <del> </del>                                 | City/State and Zip Code   | · · · · · ·   |
|   | tiffani@bit5ive.com                          |   |   |
|   | E-mail address: (                            | to be used for future annual report notif                           | ication)  |
| For further information c                 | oncerning this matter, please c              | all:  |   |
| Tiffani Olivera                           |  | 305 6994555   |   |
| Name o                                    | f Person                                     | at ()<br>Area Code Daytime  | Telephone Number  |
| Enclosed is a check for the               | ne 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,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Adduse                            |  | Council Addison   |   |

TO:

Registration Section Division of Corporations

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

**Street Address:** 

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHIELDFIVE LLC  |   |                             |
|---|---|-----------------------------|
| (Name of the Limited Liability Company<br>(A Florida Limited Liab   | as it now appears on our records.)<br>oility Company) |                             |
| The Articles of Organization for this Limited Liability Company we  | ere filed on 11/13/2020                               | and assigned                |
| Florida document number L20000360248  |   |                             |
| This amendment is submitted to amend the following:   |   |                             |
| A. If amending name, enter the new name of the limited liabilit   | y company here:                                       |                             |
| The new name must be distinguishable and contain the words "Limited Liability   | Company," the designation "LLC" o                     | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:   |   |                             |
| Principal office address MUST BE A STREET ADDRESS)  |   | 1020 DE                     |
|   |   |                             |
|   | •   |                             |
| Enter new mailing address, if applicable:   |   |                             |
| Muiling address MAY BE A POST OFFICE BOX)   |   | <u> </u>                    |
| - Tuning water, Marie 1927 1 VOI OI 1 ICL DOW   |   | <u> </u>                    |
| -   | · ···· · · · · · · · · · · · · · · · ·                |                             |
| B. If amending the registered agent and/or registered office addingent and/or the new registered office address here: | iress on our records, <u>enter th</u>                 | e name of the new regis     |
| igent and/or the new registered office address here.  |   |                             |
| Name of New Registered Agent:   | <del></del>   |                             |
| New Registered Office Address:  |   |                             |
|   | Enter Florida street address                          |                             |
|   | , Flori   |                             |
|   | City  | Zip Code                    |

New Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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                   | Address                               | Type of Action                      |
|--------------|------------------------|---------------------------------------|-------------------------------------|
| AMBR         | Collazo, Chase D, Jr.  | 2226 SW 57th Ct                       | □Adđ                                |
|              |                        | Miami, FL 33126                       | = Remove                            |
|              |                        |                                       | □Change                             |
| AMBR         | Collazo, Robert D, Jr. | 2226 SW 57th Ct                       | <b>\</b> Add                        |
|              |                        | Miami, Fl. 33126                      | □Remove                             |
|              |                        |                                       | □Change                             |
|              |                        | · · · · · · · · · · · · · · · · · ·   | Change                              |
|              |                        |                                       | □Remove<br>□ □<br>□ □<br>□ □ Change |
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| ective date, if other than the da<br>effective date is listed, the date must be | te of filing:                             |                       | (optio  | nal)                      |
| e: If the date inserted in this block   | does not meet the application             | able statutory filing | ore man 90 days after<br>g requirements, this | date will not be listed a |
| ument's effective date on the Depa  | rtment of State's records.                |                       |   |                           |
| cord specifies a delayed effective da   | ate, but not an effective ti              | me, at 12:01 a.m. o   | on the earlier of: (b)                        | The 90th day after the    |
| s filed.  |   |                       |   | 3                         |
|   |   |                       |   |                           |
| December 4  | 2020                                      |                       |   |                           |
| December 4  |   | -· <sub>0</sub> //    | <b>7</b> h                                    |                           |
| ed December 4   |   | 2                     |   |                           |
|   | , 2020<br>, anature of a member or author | prized representative | of a member                                   |                           |