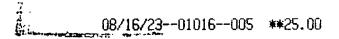
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(Requestor's Name)
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Y. SCOTT SEP 1 3 2023

COVER LETTER

TO:	Registration Se Division of Cor		/ ♦ ♦	•
CUDIE	·CT.	TRIDENT RO	OFING SOLUTIONS, LLC	
SUBJE	.cr:	Name of Lim	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Sonia Becerra	
			Name of Person	
			Swyft Filings	2023 SEC TA
3 Greenway Plaza #1320 Address		•	Firm/Company	A.
		3 Greenway Plaza #1320	2023 AUG 16 PH SECRETARY OF TALLAHASSE	
		(S) P F		
	Houston, TX 77046			Y OF STATE
	City/State and Zip Code			
			elegalcorpsolutions.com	
		E-mail address: (to be used for future annual report not	ification)
For fur	ther information co	oncerning this matter, please c	all:	
Sonia Becerra		at (877) 777-	0450	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclose	ed is a check for th	ne following amount:		
⊠ \$ 2:	5.00 Filing Fee	□ \$30.00 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 Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Co		
	P.O. Box 632	7	The Centre of	Tallahassee
	Tallahassee, I	FL 32314	2415 N. Monro	pe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRIDENT ROOFING SOLUTIONS, LLC

(Name of the Limited Liability Company as (A Florida Limited Liability	t now appears	on our records.)			
The Articles of Organization for this Limited Liability Company were		04/11/2022	_ and assigned		
Florida document numberL22000171201					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability o	ompany her	<u>2</u> :			
Seminole Roofing Solution	ns, LLC	S	20		
The new name must be distinguishable and contain the words "Limited Liability Co	npany," the des	ignation "LLC" or the spore	eviction "L.L.C."		
Enter new principal offices address, if applicable:		ETZ LA	A T		
(Principal office address MUST BE A STREET ADDRESS)		RY ASS	6		
		FD 25	R 11		
		ST/	ي 🖰		
Enter new mailing address, if applicable:		T.ATE	ω		
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here: Name of New Registered Agent:	ss on our rec	ords, <u>enter the name (</u>	of the new register		
New Registered Office Address:	Enter Florid	a street address			
	Florido				
	ΪŊ'	, Florida	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete performance the obligations of my position as registered agent as provide being filed to merely reflect a change in the registered office addrompany has been notified in writing of this change.	ormance of n led for in Ch	ny duties, and I am fan Capter 605, F.S. Or, if	niliar with and 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	Address	Type of Action
			□ Remove
			Change
			□ Add
			□Remove
		<u></u>	Change
			S Add
			SECRETARY OF STALL HASSEE, F
			SS Add
			Remove
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fective date, if other than the date of filing:		(opti	onal)	
n effective date is listed, the date must be specific and car te: If the date inserted in this block does not mee	not be prior to date of filing o	r more than 90 days afte	r filing.) Pursu	ant to 605.02
current's effective date on the Department of State		iing requirements, un	s date will in	ot de listeu
ecord specifies a delayed effective date, but not an	effective time, at 12:01 a.r	m. on the earlier of: (t) The 90th	day after th
is filed.				
8/8/2023				
ted		1		
	75	5		
Y				
Signature of a men	bor of authorized representat	ive of a member		