Laa00345456

(Requ	uestor's Name)	
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(City/	State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
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(Docı	ument Number)	
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SHB IF CT	INTEGRIT	Y ROOFING OF FLORIDA L	ıc		
SUBJECT		Name of Lim	ited Liability Company		
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspo	ndence concerning this matter	to the following:		
		ADRIAN MIDDLETON,	ESQ		
			Name of Person		
		SWORD & SHIELD LLC			
Firm/Company 1437 MARKET ST					
					Address
		TALLAHASSEE, FL 323			
		•	City/State and Zip Code	 	
		HELP@SWORDANDSHII			
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report noti	heation)	
		-			
ADRIAN (MIDDLETON		850 815 0256 at () Area Code Daytim	e Telephone Number	
	Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is	a check for th	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, Certificate of Status & Certified Copy (additional copy is enclosed)	
	ailing Addres		Street Address: Registration Se	ction	
Registration Section Division of Corporations		-	Registration Section Division of Corporations		
	O. Box 632		The Centre of T		
Т:	allahassee l	+1. 37314	2415 N. Monro	e Street Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 AUG 10 PH 12: 22

INTEGRITY ROOFING OF FLORIDA LLC <u>SECRETARY OF STORE</u> TALLAHASSEE, FLOT (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 $\frac{08/05/2022}{1}$ and assigned Florida document number <u>L22000345456</u> 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." 1437 Horred ST Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1937 Morrel ST Enter new mailing address, if applicable: Tallancissel Fl 32312 (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:

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 Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

_, Florida __

G

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>	Address	Type of Action
MGR	ANDRES LEMUS	6302 FROST DRIVE	= Add
		TAMPA, FL 33625	□ Remove
			Change
· 			🗖 Add
			Remove
		 	□Add
			□ Remove
			☐ Change
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	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Effec	tive date, if other than the date of filing: (optional) Tective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
e reco	rd 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 iled.
Dated	AUGUST 8TH 1022
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee