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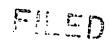
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COVER LETTER

	istration Se ision of Cor		q	
CUD INCT.	INTEGRIT	Y ROOFING OF FLÓRIDA I	LC	
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	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	12	
			City/State and Zip Code	
		HELP@SWORDANDSHII		
For further in	oformation c	E-mail address: (oncerning this matter, please c	to be used for future annual report not	ification)
	IDDLETON	•	850 815 0256	
		f Person	at ()	ne Telephone Number
	Name		Aled Code Days.	in rotapitoto (vanas)
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Address: Registration Se	ection
Registration Section Division of Corporations		Division of Corporations		
). Box 632		The Centre of	
ı a ı	lahassee, l	TL 32314	2410 IN. IVIONIC	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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INTEGRITY ROOFING OF FLORIDA LLC

company has been notified in writing of this change.

(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 ______L22000345456 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 "L.L.C." 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 _, Florida _ 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

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>	Address	Type of Action
MGR ANDRES LEMUS	ANDRES LEMUS	1437 MARKET ST	
		TALLAHASSEE FL 32312	□Remove
MGR BETTINA S.	BETTINA SAVORELLI	1437 MARKET ST	Add
		TALLAHASSEE FL 32312	□Remove
		<u> </u>	■ Change
			□Add
			□ Remove
			Change
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an effectiv Note: If th	date, if other than the date of filing:
record sp I is filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated <u>AU</u>	GUST 8TH 2022 Signature of a member or authorized representative of a member
	BETTINA SAVORELLI
	Typed or printed name of signee

Filing Fee: \$25.00