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A. PARISHANI OCT 0 8 2023

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shield Home Inspections LLC Name of Limited Liability Company	2023 F
The enclosed Articles of Amendment and fee(s) are submitted for filing.	2023 7.05 1 0
Please return all correspondence concerning this matter to the following:	РН
Alexander Thompson	1:24
Shield lame Inspections LLC	
137.W. Christing Blvd	
Lakeland F1 33813 City/State and Zip Code	
Author La Ogna I. Con E-shall address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Alexanter Thompson :1903,352-8093	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
S25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 Filing Fee & U S60.00 Filing Fee & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)	tus &

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

2023 AUG 10 PH 1:

Zip Code

The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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 company has been notified in writing of this change.

Citv

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

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Filing Fee: \$25.00