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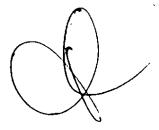


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COVER LETTER

	istration Sec sion of Corp				
	WE ROOF	AMERICA LLC			
SUBJECT:		Name of Lim	_		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		ADRIAN MIDDLETON,	ESQ		
			Name of Person		
		SWORD & SHIELD LLC			
			Firm/Company		
		1437 MARKET ST			2023 MAY 25 AM 10: 33 ביים באומי איני באורי באומי
			Address		γ2 -
		TALLAHASSEE, FL 323	12		BMAY 25 AM 10:
		····	City/State and Zip Code		
		BIZ@SWORDANDSHIEL			$\mathbb{P}_{\mathbb{P}^{n}}^{\mathbb{P}^{n}}$ ω
		E-mail address: (to be used for future annual re	eport notification)	_ , ω
For further in	formation co	oncerning this matter, please c	all:		
ADRIAN M	IDDLETON	, ESQ	850 815	0256	
	Name of	f Person	Area Code	Daytime Telephone Nu	mber
Enclosed is a	check for th	ne following amount:			
■ \$25.00 Filing Fee			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	00 Filing Fee, tificate of Status & tified Copy tional copy is enclosed)	
	iling Addres		Street Ad		
	gistration S vision of C	orporations		tion Section of Corporations	
). Box 632			tre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ility Company as it now appears on our records, da Limited Liability Company))	
The Articles of Organization for this Limited Liability Company were filed on 01/24/2023 Florida document number L23000043819		
·		
mited liability company here:	2023	
imited Liability Company," the designation "LLC"	· · · · · · · · · · · · · · · · · · ·	
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red office address on our records, <u>enter t</u> ::	he name of the new registered	
Enter Florida street address		
m.	-:.l.	
City , F10	Zip Code	
	mited liability company here: imited Liability Company," the designation "LLC" DRESS) red office address on our records, enter t : Enter Florida street address , Flo	

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

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
AMBR	OLIVEIRA, ERIC, SR	13013 SEMINOLE BLVD #1145	■Add
		LARGO, FL 33778	□ Remove
			Change
AMBR	HERNANDEZ, TIMOTHY J, SR	5447 HAINES RD N #152	≅Add
		SAINT PETERSBURG, FL 33714	□Remove
			Change
AMBR	TEDESCO, JOSEPH M, SR	13377 EADOM AVE	= Add
		BROOKSVILLE, FL 34614	Remeve Si 23 C □ Change
AMBR	HERNANDEZ, LUKE, SR	607 BELLEAIR PLACE	25 S
		CLEARWATER, FL 33756	Remove
			☐ Change
			□ Add
			□Remove
			□Add
		1.0.11	□Remove
			Change

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					(4ial)		
(If an effective date is Note: If the date	f other than the da s listed, the date must be inserted in this block tive date on the Depa	specific and cannot does not meet the	be prior to date of fil applicable statuto	ing or more than 90 da	(optional) ys after filing.) Pur nts, this date will	suant to 605.0 not be listed	207 (3) as the
the record specifies ecord is filed.	a delayed effective d	ate, but not an effe	ective time, at 12:0	l a,m. on the earlie	r of: (b) The 90	th day after t	h e
_ MAY 25		2023	3				
Dated							

Filing Fee: \$25.00

Typed or printed name of signee