L24000207054

(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE



COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	old Shield Name of Line	Roofing LL ited Liability Company	<u>C</u>
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Chris	Danie 15 Name of Person	
	12115	Finn/Company Nest Court, (Grand Island FC, 32735
		City/State and Zip Code Oan, els 822 @ gr to be used for future annual report noti	
For further information			fication) .
	concerning this matter, please c		e Telephone Number
Enclosed is a check for	the 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)

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

Gold Sh	lity Company as it now appears on our records.) la Limited Liability Company)
(<u>Name of the Limited Liabi</u> (A Flori	lity Company as it now appears on our records.) la Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>L24000707054</u>	Company were filed on $\frac{5/2}{24}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lir	nited liability company here:
The new name must be distinguishable and contain the words "Li	nited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	
B. If amending the registered agent and/or register agent and/or the new registered office address here:	ed office address on our records, enter the name of the new regis
Name of New Registered Agent:	-
New Registered Office Address:	5
	Enter Florida street address
	, Florida
	City Zip Code

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>	Name	Address	Type of Action
MGR	Phillip Thomas	12115 Nest Court, Grand Island.	32 73≤ □Add
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(If an effective Note: 1	e date, if other tive date is listed, the f the date inserted nt's effective date	ne date must b I in this bloc	e specific ai k does not	nd cannot be prior to date meet the applicable s	of filing or more than 90 tatutory filing requiren	(optio days after (nents, this	filing.) Pursuant to 605.	.0207 (3 ed as th
he record ord is file		ed effective c	iate, but no	ot an effective time, a	: 12:01 a.m. on the earl	ier of: (b)	The 90th day after	the
Dated _	May	7154		2024 Dank				
			TI.	Dank				
		Si	gnature of a	member or authorized	representative of a memb	er	 	
		Ch	ris	Danie	l s			
	•			Typed or printed nan				

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Filing Fee: \$25.00