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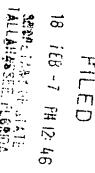
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	SHOS.O LL	С		
Sobile 1.		Name of Limi	ted Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		ANGELO RUSSO		
			Name of Person	
			Firm/Company	
		21380 LORAIN ROAD		
			Address	
		FAIRVIEW PARK, OH 44	1126	
			City/State and Zip Code	·
		ANGELORUSSOESQ@GM	MAIL.COM	
		E-mail address: ()	to be used for future annual report notif	ication)
For further	information co	oncerning this matter, please ca	all:	
ANGELO I	RUSSO		216 990-9133	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is	a check for th	e 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)

MAHJING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOS.O LLC					
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)			
The Articles of Organization for this Limited I Florida document number L18000015214	Liability Company	were filed on 01/17/2018	and assigned		
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name	of the limited liah	nility company here:			
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or	the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		21380 LORAIN ROAD			
(Principal office address MUST BE A STREET ADDRESS)		FAIRVIEW PARK, OH 44126			
Enter new mailing address, if applicable:		21380 LORAIN ROAD			
(Mailing address MAY BE A POST OFFICE BOX)		FAIRVIEW PARK, OH 44126			
B. If amending the registered agent and registered agent and/or the new registered of			nter the name of the ne		
Name of New Registered Agent:	YAACOV LEV	٧Y			
New Registered Office Address:	5948 WOODL	ANDS BLVD Enter Florida street address			
	TAMARAC		37319		
		, Florid	a Zin Coda		

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

Page 1 of 3

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
			Remove
			☐ Change
			□ Add
			Remove
			Change
			Remove
			Change
			□ Remove
			□ Change
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			☐ Remove
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Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannote: If the date inserted in this block does not meet to be ument's effective date on the Department of State's	he applicable statutor	ng or more than 90 days	optional) after filing.) P , this date wi	ursuant t ll not b	.o 605.02 e listed
e record specifies a delayed effective date, The 90th day after the record is filed.	but not an effec	tive time, at 12:0)1 a.m. or	the ϵ	earlier
Shoshappa OVA Signature of a member	-018				

Page 3 of 3

Filing Fee: \$25.00