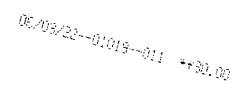


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Special Instructions to	Filing Officer:	
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. • COVER LETTER

SHEFA DE	ALS LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	JONATHAN SULTAN		
		Name of Person	
		Firm/Company	<u> </u>
	Name of Limited Liability Company sed Articles of Amendment and fee(s) are submitted for filing. arn all correspondence concerning this matter to the following: JONATHAN SULTAN		
		Address	
	BOYNTON BEACH, FL.	3436	
		City/State and Zip Code	
	· =	to be used for future annual remort of	otification
For further information c			· · · · · · · · · · · · · · · · · · ·
BEATRIZ DE LA RUA	СРА		
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for th	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres	<u>Ni</u> Partian		Caption
P.O. Box 632		The Centre of	•

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION **OF**

FILED

2022 JUN -3 PM 1:14

SHEFA DEALS LLC

(Name of the Limited Liability Company as it now appears on our records.

		THIASSEE, FE
The Articles of Organization for this Limited Liability Companion document number $\frac{1.22000031142}{1.22000031142}$.	y were filed on JANUARY 14,2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	bility Company," the designation "LLC" or t	he 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 agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Estar Elorido etro et alde ac	
	Enter Florida street address Florid	

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 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	SOPHIA GROSSMAN	13024 ANTHORNE LN. BOYNTON BCH FL 33436	5 ≣Add
		· 	_ □Remove
			_ Change
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Typed or printed name of signee