

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L22000195330**

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(((H22000179106 3)))



H220001791063ABC

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANDRA ROLON & ASSOCIATES, CPA, PA
Account Number : I19980000068
Phone : (954)437-0700
Fax Number : (954)436-8195

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: alina@sracpa.net

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

SHELISA ANDERSON, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2022 MAY 19 PM 3:16

2022 MAY 19 AM 8:27

APPROVED
AND
FILED

May 19, 2022 3:15PM

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

No. 0369 P. 2/4

422000179106 3

Shelisa Anderson LLC

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

The Articles of Organization for this Limited Liability Company were filed on 5/13/2022 and assigned
Florida document number L22000195330

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:

Shelisa N Anderson

New Registered Office Address:

1240 SW 88 Way

Enter Florida street address

Pembroke Pines

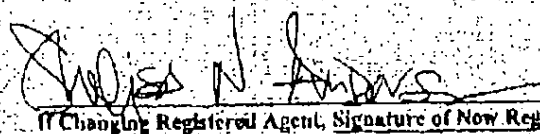
City

Florida 33025

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

422000179106 3

May 19 2022 3:18PM

H 22 000 179 106 3

No. 0369 P. 4/4

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

5/19/22 2022



Signature of a member or authorized representative of a member

SHELIA N. ANDERSON

Typed or printed name of signee

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