## L17000165254

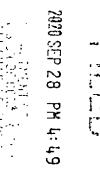
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## **COVER LETTER**

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CHBICA		ANE TRUST, LLC	*	of the second se
SUBJEC	٠١: <u>-</u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		YULIA LEMIGOVA		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		SHADY LANE TRUST, I	LC	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		151 N NOB HILL ROAD	#266	
		<del>-</del>	Address	
		ADY LANE TRUST, LLC  Name of Limited Liability Company  icles of Amendment and fee(s) are submitted for filing. correspondence concerning this matter to the following:  YULIA LEMIGOVA  Name of Person  SHADY LANE TRUST, LLC  Firm/Company  151 N NOB HILL ROAD #266  Address  PLANTATION, FL 33324  City/State and Zip Code  stephen@kps-cpa.com  B-mail address: (to be used for future annual report notification)  mation concerning this matter, please call:  AA  Name of Person  Area Code  Daytime Telephone Number  seek for the following amount:  g Fee S30.00 Filing Fee & Certified Copy (udditional copy is enclosed)  Certified Copy (radditional copy is enclosed)  Address:  ration Section  on of Corporations  Street Address:  Registration Section  Division of Corporations		
			City/State and Zip Code	
				lification)
For furth	ier information c	oncerning this matter, please of	all:	
KAREN	I ARTAZA		at (	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	d is a check for th	he following amount:		
<b>■ \$</b> 25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Mailing Address Registration 5			ection
Division of Corporations		Division of Corporations		
	P.O. Box 632			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHADY LANE TRUST, 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  $\frac{08/03/2017}{2}$ Florida document number \_\_\_\_\_\_L17000165254 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: MY SHADY FARM, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address City

## 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
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Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	k does not meet the applica	able statutory filing requi	(optional) n 90 days after filing.) Pursuant rements, this date will not	t to 605.0207 (3 be listed as th
the record specifies a delayed effective opened is filed.	date, but not an effective ti	me, at 12:01 a.m. on the	earlier of: (b) The 90th da	ay after the
Dated SEPTEMBER 21	2020	<u> </u>		
Flish	É			
- Si	gnature of a member or autho	orized representative of a mo	ember	_ <del>_</del>
YULIA LEMIGOVA	•			
	Typed or printe	ed name of signee	<del></del> -	

Filing Fee: \$25.00