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COVER LETTER

то:	Registration S Division of Co	rporations	-	
SHRIL	Sheltair St	. Petersburg, LLC		
50001	<u> </u>	Name of Lin	nited Liability Company	·
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		Dena Auletto		
			Name of Person	
		Saavedra-Goodwin		
			Firm/Company	
		312 S.E. 17th Street, 2nd I	Floor	
			Address	
		Fort Lauderdale, FL 33316	;	
		dauletto@saavlaw.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report no	otification)
For furt	her information c	concerning this matter, please co	all:	
Dena A	vuletto		954 767-6333	
	Name o	f Person		me Telephone Number
Enclose	ed is a check for th	he following amount:		
■ \$25	i.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration S Division of C	Section orporations	Street Address: Registration Solivision of Co	

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20

Sheltair St. Petersburg, LLC		20 A
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	3000
The Articles of Organization for this Limited Liabilit	y Company were filed on 5/30/2002	Algorithms Signed
Florida document number L02000013467		
This amendment is submitted to amend the following	y:	
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 AD	DRESS)	
		
Foton and and Store of Louis 15 and 11		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address her	ered office address on our records, <u>enter the</u> e:	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	Florid	
	Cuy	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>	<u>Name</u>	Address	Type of Action
COO/S	Warren D. Kroeppel	4860 N.E. 12th Avenue	
		Fort Lauderdale, Ft. 33334	≣Remove
			□Change
			□Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
			
			□Remove
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	other than the date of filing: (optional)	
<u>e:</u> If the date i	listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 inserted in this block does not meet the applicable statutory filing requirements, this date will not be li	05.0207 sted as
ument's effecti	ve date on the Department of State's records.	
cord specifies a s filed.	delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day af	ter the
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	Signature 68a member or authorized representative of a member	
	12 Craid IVI HOlland ('FO	

Filing Fee: \$25.00