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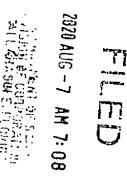
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COVER LETTER

TO:	Registration So Division of Co		•	
SUBJEC	Sheltair W	est Hampton, LLC		••
SOBJEC	<u> </u>	Name of Lin	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn 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 33310	í	
			City/State and Zip Code	
		dauletto@saavlaw.com		
			to be used for future annual report no	(itication)
For furth	er information c	oncerning this matter, please c	all:	
Dena At	letto		954 767-6333	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for the	he 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)
	Mailing Addres		Street Address:	action
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632	.7	The Centre of	
	Tallahassee, I	F1. 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

[2]

Sheltair West Flampton, LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number 1.05000022192	ity Company were filed on 03/05/2005	Taind assumed
This amendment is submitted to amend the followin	ā;	08
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 th	he abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	0	
B. If amending the registered agent and/or regist agent and/or the new registered office address he		name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u> </u>	Florida	
	City	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	□Add
		Fort Lauderdale, FL 33334	■Remove
		-	□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
		<u></u>	□Change
			DAdd
			Remove
			□Change
			□Add
			□Remove
			
			
			□Remove
			□Change

(If an e	tive date, if other than the date of filing:
the reco	ord 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 iled.
Dated	august 5 2020
	Lys OM Halland
	Signature of a member or authorized representative of a member
	Gerald M. Haland, CEO

Filing Fee: \$25.00