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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer	
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Office Use Only



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C Kinsey

COVER LETTER

Div	ision of Cor	porations			
CHOIRCT.	SHARSHE	LLC			
SUBJECT:		Name of Lin	nited Liability Company		
The enclosed	d Articles of .	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		SHARON SHERROD			
		SHARSHE REALTY LLC	Name of Person		
		9040 BRELAND DRIVE	Firm/Company		
			Address	· · · · · · · · · · · · · · · · · · ·	
		TAMPA, FL 33626			
		SHARON.SHERROD8@G	City/State and Zip Code GMAIL.COM		
		E-mail address: (to be used for future annual	report notification)	
For further in	nformation co	oncerning this matter, please c	all:		
PAMELA L	WILSON		727 934 at ()	1-7759	
 	Name of	F Person	Area Code	Daytime Telepho	ne Number
Enclosed is a	check for th	e following amount:			
□ \$25.00 F	iling F ee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is encl		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	MAILI	NG ADDRESS:	STREET	COURIER ADD	PRESS:

Registration Section **Division of Corporations**

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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(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 12/28/2005 and assigned Florida document number $\frac{1.05000122909}{-}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHARSHE REALTY 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 BON) 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: PAMELA L WILSON Name of New Registered Agent: 31 W TARPON AVE New Registered Office Address: Enter Florida street address _, Florida 34689 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Thereby 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.

TARPON SPRINGS

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
			Add
			□ Remove
			☐ Change
			D Add
			□ Remove
			☐ Change
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
		□ Remove	
			☐ Change
			Remove
			□ Change

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(If an et Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	Signature of a member of authorized representative of a member
	SHARON SHERROD
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00