

LO6 000038500

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

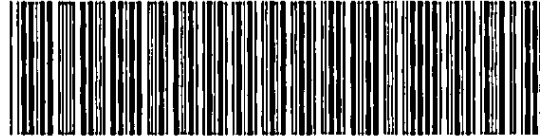
(Business Entity Name)

(Document Number)

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FILED
2021 JAN 26 AM 7:39
CLERK OF COURT
JAN 26 2021

O SIMMONS
MAR 08 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hughes Shelton LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffery Shelton

Name of Person

Firm/Company

4621 Lamb Ave.

Address

Tampa, FL 33629

City/State and Zip Code

laurra@synergypartners.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffery Shelton

813 690-1688
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

JAN 26 AM 7:39

Hughes Shelton 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 04/12/2006 and assigned
Florida document number L06000038500.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shelton Mastrilli Real Estate LLC

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:

Jeffery Shelton

New Registered Office Address:

4621 Lamb Ave

Enter Florida street address

Tampa

Florida 33629

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.

Jeffery Shelton

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Michael Hughes	4621 Lamb Ave	☐ Add
		Tampa, FL 33629	☒ Remove
			☐ Change
MGRM	Christine Mastrilli	425 S Royal Poinciana Dr	☒ Add
		Tampa, FL 33609	☐ Remove
			☐ Change
MGRM	Jeffery Shelton	4621 Lamb Ave	☐ Add
		Tampa, FL 33629	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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sheets if necessary

(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)

Dated Jan 21, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00