Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NICI LAW FIRM, P.L.

Account Number : 120110000008 Phone : (239) 449-6150 Fax Number : (877)646-0560

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOEMAKER ENTERPRISES, LLC

Certificate of Status	0
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Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOEMAKER ENTERPRISES, I			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited L. Torida document number 1.07000040255	iability Company	were filed on 04/13/2007	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, enter the new name of	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi	lity 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)		2601 South Tamiami Trail	
		Sarasota, FL 34239	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	BOX)	2601 South Tamiami Trail Sarasota, Fl. 34239	
3. If amending the registered agent and/or ogent and/or the new registered office addressed Name of New Registered Agent:		address on our records, <u>enter the</u>	name of the new regist
-	2601 South Ta	miami Trail	24 P
New Registered Office Address:		Enter Florida street address	Me A
	Sarasota	, Floric	la 34239
		Cuy	本 Gode O

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.

09/24/2021 06:41 AB

TO:18506176383 FROM:8776460560

Page: 15

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
MGR	SIRENA MANAGEMENT, LLC	2601 South Tamiann Trail	□Add
		Sarasota, FL 34239	□Remove
			≘ Change
			□Add
		□Rетюче	
		□Change	
		□Add	
	4	□Remove	
		[]Change	
		□Add	
		□Remove	
			□Change
		□Add	
	<u></u>	□Remove	
		,	☐ Change
			□Add
			□Remove
		□ Change	

		-17
		
		
		
		
E. Effective date, if other than the (If an effective date is listed, the date many Note: If the date inserted in this bedocument's effective date on the listense.	ne date of filing: aust be specific and cannot be prior to date of filing or more than 90 de block does not meet the applicable statutory filing requirement Department of State's records.	(optional) ys after filing.) Pursuant to 605.0207 (3) its, this date will not be listed as the
f the record specifies a delayed effecti ecord is filed.	ive date, but not an effective time, at 12:01 a.m. on the earlier	of: (b) The 90th day after the
		2E
Dated September 23	2021	M SEP
	11	
	An RAi	21 21 E
	Signature of a member or authorized representative of a member	- <u>SS</u> -
	Signature of a member of authorized representative of a member	24 AM 9: 06