L08000047364

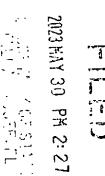
(Requestor's Name)	
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COVER LETTER

	gistration Se vision of Cor		·	
eub irzer.	Shadowridg	ge LLC		
SUBJECT:	·	Name of Limi	ited Liability Company	
The enclose	ed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Melanic Ells		
		·	Name of Person	
		Fletcher Tilton PC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	202 :
		370 Main St., Ste. 1200		2023 HAY 30
			Address	
		Worcester, MA 01608		PM 2: 2
			City/State and Zip Code	
		mells@fletchertilton.com		27
		E-mail address: ()	to be used for future annual report notification)	
For further	information c	oncerning this matter, please co	all:	
Melanie El	ls		508 459-8065	
	Name o	f Person	Area Code Daytime Telephone	e Number
Enclosed is	a check for th	ne following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Address: Registration Section	
Di	ivision of C	orporations	Division of Corporation	
	O. Box 632 illahassee, I		The Centre of Tallahasse 2415 N. Monroe Street,	
1 2	manassee. I	1. 02014	2415 IN. IVIONFOE STREET,	SINCOLV

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shadowridge LLC			
(Name of the Lim	ited Liability Comps (A Florida Limited	iny as it now appears on our reco Liability Company)	rds.)
he Articles of Organization for this Limited I lorida document number L08000047364	Liability Company	were filed on 05/12/2008	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name	of the limited liab	ility company here:	
he new name must be distinguishable and contain the	words "Limited Liabi		وسيي دن
nter new principal offices address, if appli	cable:	419 SE 2nd St	
(Principal office address MUST BE A STREET ADDRESS)		Apt # 411	w T
		Fort Lauderdale, FL 33301	<u> </u>
inter new mailing address, if applicable:		419 SE 2nd St.	700 20
(Mailing address MAY BE A POST OFFICE BOX)		Apt #411	· ;; ·
		Fort Lauderdale, FL 33301	
Name of New Registered Agent:			er the name of the new register
New Registered Office Address:	419 3E Zilu 3t.	ress	
	Fort Lauderdal	Enter Florida street addr	
			Florida 33301

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.

tf 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>	<u>Address</u>	Type of Action
MGR	Roger Roach	125 Walnut Hill Rd	DAdd
		Derry, NH 03038	□Remove
			□Add
			□Remove
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ective date, if other than the date on effective date is listed, the date must be specter. If the date inserted in this block does cument's effective date on the Department.	cific and cannot be p es not meet the ap	prior to date of filit plicable statutor	ng or more than 90 d	_ (optional) ays after filing.) ints, this date	Pursuant to 605.02 will not be listed
cord specifies a delayed effective date, is filed.	but not an effecti	ve time, at 12:01	a.m. on the earlie	er of: (b) The	90th day after th
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ted	$- / \frac{2023}{}$	·			
Haw II H					
1/1/97 (-) 1/40	7//				
Signatu	ite of a member or	authorized repress	ntative of a member		

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