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## **COVER LETTER**

Divis	ion of Corp	orations					
SUBJECT.	SHARE	D MEMORIES LLC					
SUBJECT: _		Name of Limi	ted Liability Company				
The enclosed	Articles of A	mendment and fee(s) are sub-	mitted for filing.				
Please return a	all correspond	dence concerning this matter	to the following:				
		Eileen Kwapien					
			Name of Person		<del> </del>		
			Firm/Company				
		1320 22nd Avenue N		·			
			Address				
		St Petersburg, FL 33	3704				
			City/State and Zip Co	ode			
		e.kwapien@yahoo.co	om			2815	
		E-mail address: (1	o be used for future ann	ual report notification)			****
For further inf	ormation cor	acerning this matter, please ca	di:			APR 21	Cartana.
Eileen Kwa	•		727 at ()	424-4118		0 PH 33.55 149 0	
Englaced in a	Name of I	Person following amount:	Area Code	Daytime Teleph	ione Number	LEKINA,	de la se
		-	•				
□ \$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing For Certified Copy (additional copy is	,	\$60.00 Filing Certificate ( Certified Co (additional cop	of Status &	

MAILING ADDRESS:

TO:

**Registration Section** 

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

STREET/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARED MEMORIES LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liability Company were filed on	March 31, 2009 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	ere:
SHARED CHANGE LLC	
The new name must be distinguishable and end with 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)	
	<b>2015</b>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	20 CENTRAL DE PROPERTOR
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:	20 : So :
Name of New Registered Agent:	
New Registered Office Address:	rida street address
Ener Pior	
	filarida

## 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

Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			☐ Remove
			<b></b>
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