45365

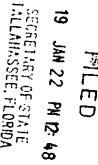
(Req	uestor's Name)	
(Addi	ress)	
(Addi	ress)	
(City/	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	iness Entity Nar	me)
(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	iling Officer:	

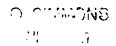
Office Use Only



400323225354

01/22/19--01009--015 *+25.00





COVER LETTER

TO: Registration Sec Division of Corp			u
SUBJECT:	i chael Shan Name of Limi	e Enterprises ted Liability Company	LLC_
The enclosed Articles of A	Amendinent and fee(s) are subr	nitted for filing.	
Please return all correspon	ndence concerning this matter t	to the following:	
	Barri	Shane Name of Person	<u> </u>
	M'ichael	Shane Enderpri	S es
	420 Ea	St 61 St 10E	
	Y wg N	OFK NY 1001	of_
	barrisha E-mail address: (t	ne a Gol. Como o be used for future annual report noti	fication)
For further information co	oncerning this matter, please ca	11:	
Barri	Share	at (646) 296 Area Code Daytim	3832
Name of	Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	e 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Michael Shane En	terprises LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as if now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/23/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The 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)	
Enter new mailing address, if applicable:	SECRETAL 2
(Mailing address MAY BE A POST OFFICE BOX)	- N M
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Ziv 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.

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>	Name	Address	Type of Action
Mer	10 wher	Barri Shane	420 East 61 St, 10E	
			New York, NY 1006T	Remove
				Sha nge
	MC.	Michael Shane	1801 S. Flagle- Dr. PH8	
			1801 S. Flagler Dr. PH8 West Palm Beach, FL	Remove
			33401	Change
				<u>_</u> BAdd⊡
			SSEE	Remove
				Change
				_ □ Add
				🗆 Remove
				🗆 Change
				□ Add
				□ Remove
				Change
				□ Add
				Remove
				🗆 Change

·						
				·- <u>-</u>		
						
						
						
				-		
			 			100
		_				超生型
· - · · · · · · · · · · · · · · · · · ·						SSE 72
<u> </u>						THE P
					<u></u> ,	081UF
						y Ø
						
				- <u>-</u> .		
ective date, if other a effective date is listed, in te: If the date inserte nument's effective date	the date must be spe d in this block doe	cific and cannot es not meet th	t be prior to date of e applicable sta			ing.) Pursuant to 605.02
record specifies a he 90th day afte			but not an e	ffective time, a	t 12:01 a.r	n. on the earlier
ed ///w		, _2	019			
_	Bari.	Share		presentative of a mer		
	Signatu	ire of a member	r or authorized re	presentative of a mer	nber	

Page 3 of 3

Filing Fee: \$25.00