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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : NICI LAW FIRM, P.L.  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DAVID W. SHOEMAKER CEO, LLC**

Certificate of Status	0
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Page Count	03
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SEP 27 2021

S. PRATHER

2021 SEP 24 PM 12:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DAVID W. SHOEMAKER CEO, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 08/02/2010 and assigned Florida document number 110000080829.

This amendment is submitted to amend the following:

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

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:

2601 South Tamiami Trail

(Principal office address MUST BE A STREET ADDRESS)

Sarasota, FL 34239

Enter new mailing address, if applicable:

2601 South Tamiami Trail

(Mailing address MAY BE A POST OFFICE BOX)

Sarasota, FL 34239

**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:

N/A

New Registered Office Address:

2601 South Tamiami Trail

*Enter Florida street address*

Sarasota

Florida 34239

*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.*

**If Changing Registered Agent, Signature of New Registered Agent**



**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 23, 2021

Signature of a member or authorized representative of a member

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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DEED

**Filing Fee: \$25.00**