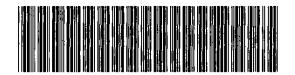
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PICK-UP WAIT MAIL		
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Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
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FILING CANCELLED RETURNED CHECK

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SECRETARY OF STATE TALE AHASSEE, FLORIDA

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T. CLINE

EXPANDER

### **COVER LETTER**

- Division of Corporations		
SUBJECT: In The Shadows LLC Name of Limited Liability Company		
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:		
Susan Duncan Name of Person  Captain Steamers Dyster Bar Firm/Company  Po Box 15094 Address  Daytona Beach Fl. 32115-5094		
Daytona Beach FL 32115-5094  City/State and Zip Code  Find get 9000 @ aol.com  E-mail addless: (to be used for future annual report notification)  For further information concerning this matter, please call:  Susan Duncan  Name of Person  Area Code & Daytime Telephone Number Susan  Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \times \\$30.00 Filing Fee & \ \times \\$55.00 Filing Fee & \ \times \\$Certificate of Status \\ (additional copy is enclosed) \\ \times \\$Certified Copy \\ (additional copy is enclosed)		

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

# FILING CANCELLED RETURNED CHECK

(Name of the Limited Liability Company as it now appears on our records.)  (A Florida Limited Liability Company)  The Articles of Organization for this Limited Liability Company were filed on				
			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 end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	1500 S Atlantic Ave			
(Principal office address MUST BE A STREET ADDRESS)	Daytona Boach FC 32118			
Enter new mailing address, if applicable:	Po Box 15094			
(Mailing address MAY BE A POST OFFICE BOX)	Daytona Beach Fr 32115- 5094			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here				
Name of New Registered Agent:	L'ARE T			
New Registered Office Address:	Enter Florida street address			
	To a			
	City , Florida Str. Zip Gode			

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: FILING CANCELLED MGR = Manager RETURNED CHECK MGRM = Managing Member Title <u>Name</u> **Address** Type of Action Jame Adomoli ☐ Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00