L12000147811

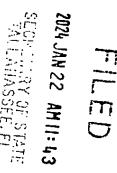
| (MM) | |
|---|--------|
| (Requestor's Name) | _ |
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | — |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of Status | |
| Special Instructions to Filing Officer: | \neg |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|--|---|---|
| | Customs LLC (formerly Dixie | e Darlin' LLC) | |
| DODUCET. | Name of Lir | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all correspon | ndence concerning this matter | r to the following: | |
| | Taylor Shelhamer | | |
| | | Name of Person | |
| | Shelhamer Customs | | |
| | | Firm/Company | |
| | 6005 W Hwy 316 | | |
| | | Address | · · · · · · · · · · · · · · · · · · · |
| | Reddick, FL., 32686 | | |
| | | City/State and Zip Code | |
| | shelhamercustoms@gmail.d | com to be used for future annual report notific | |
| For further information co | ncerning this matter, please c | | cation) |
| Taylor Shelhamer | | 352 438-4806 at () | |
| Name of | Person | | Telephone Number |
| Enclosed is a check for the | 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dixie Darlin' LLC | | |
|---|---|-------------------------------|
| (Name of the Limited L(ability Compa) (A Florida Limited L | ny as it now appears on our record hability Company) | <u>(s.</u>) |
| The Articles of Organization for this Limited Liability Company florida document number L12000147811 | were filed on 11/26/2012 | and assigned |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limited liab | ility company here: | |
| Shelhamer Customs LLC | | |
| he new name must be distinguishable and contain the words "Limited Liabil | ity Company," the designation "LLC | "or the abbreviation "L.L.C." |
| inter new principal offices address, if applicable: | 6005 W Hwy 316 | 28 |
| Principal office address MUST BE A STREET ADDRESS) | Reddick, FL., 32686 | TO JAN |
| Enter new mailing address, if applicable: | 6005 W Hwy 316 | N22 AMII: |
| Mailing address MAY BE A POST OFFICE BOX) | Reddick, FL., 32686 | 1: 13 |
| 3. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>ente</u> l | r the name of the new reg |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street addre | 255 |
| | , F | lorida |
| | 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 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 |
|--------------|-------------|---------|----------------|
| | | | □Add |
| | | | □Remove |
| | | | Change |
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| | | | Change |

| Effec | tive date, if other than the date of filing: (optional) (fective 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 (|
|----------|---|
| (If an e | ffective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the statutory of the content of the state |
| docu | ment's effective date on the Department of State's records. |
| | |
| | ord 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 |
| ord is | iled. |
| | January 15 2024 |
| Date | January 15 2024 |
| | |
| | Signature of a member or authorized representative of a member |
| | |
| | Taylor Shelhamer |
| | Typed or printed name of signee |