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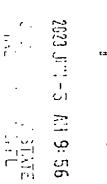
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TO:

Registration Section

COVER LETTER

Divi	sion of Corporations
SUBJECT:	SheroB Trust 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:

	Rabert	1.600DMAN		
	<u> </u>	Name of Person		
	Sherog	3 Towar LLC		
		Firm/Company		
	3380 P	ropock load		
	,	Address		
	Wes	TON, FJ 3333		
	i 1	City/State and Zip Code	•	į : '_
	robs	dworld (P YAI	neo. Conn	
•	E-mail address:	(to be used for future annual report noti	fication)	l U
For further information con-	cerning this matter, please o	call:		· 5
Robert (DOOMAN	*4954 263	-4297	
Name of P	erson	Area Code Daytim	e Telephone Number	— (TIZ), C
.				
Enclosed is a check for the	following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	5 \$55.00 Filing Fee &	□ \$60.00 Filing I	Fcc,

Mailing Address:

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

Certificate of Status

Street Address:

Certified Copy

(additional copy is enclosed)

Registration Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sherob IWS (Name of the Limited Liability Company (A Florida Limited Lia			
	, t		
The Articles of Organization for this Limited Liability Company w	were filed on $02/28/2013$ and assigned		
Florida document number L 130000 30885	• •		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ity company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	262		
(Principal office address MUST BE A STREET ADDRESS)			
	1.3		
	ហ		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>		
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on our records, <u>enter the name of the new registere</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
W B 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete po			

If Changing Registered Agent, Signature of New Registered Agent

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
MGR	Sherob Family Trust Agreement	3380 PADDOCK ROAD	(\$\forall \text{Y}) \dd
	TOWST Agreement	3380 PADDOCK ROAD WESTON, A33331	□Remove
			Change
MER	Robert V. Goodman	3300 PADOUK FOAD	□Add
		WUSTON, Fl 3333	(PRemove
			🗆 Change
			DAdd
			□Remove
			Change
			ان چخ bbA <u>Q</u>
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i an effective date	if other than the date of filir is listed, the date must be specific an	ed cannot be prior to dat	e of filing or more than 9	(optional) 0 days after tiling.) Pu	rsuant to 605.6	0207 (3)(b)
<u>Note:</u> If the dai focument's effe	e inserted in this block does not cuve date on the Department of	meet the applicable s State's records.	tatutory filing require	ments, this date wil	I not be lister	d as the
record specific	s a delayed effective date, but no	ot an effective time, a	t 12:01 a.m. on the ear	rlier of: (b) The 90	Ith day after	the
d is filed.		\bigcap	~ 1			1.3
Dated	5-24-2023	()	1/1		:	
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		11 40MVVI	V-LUMMII		· 	Q1
	0!		1-0-2,40-			
	Signature of a	member or authorized	representative of a mem	her /		
	Signature of a	Robert	representative of a mem	1	 	:6 []

Filing Fee: \$25.00