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## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Shrpr	LLC	}
	Name of Lin	Sheri Turver  Name of Person  Shrpr LLC  Firm/Company  S Wesley Chapel blud  Address  27 Chapel FL 33544  City/State and Zip Code  City/State and	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	',
Please return all correspo	ndence concerning this matter	to the following:	
	Sh	Name of Person	-
		Shrpr LLC Firm/Company	
	27423	Wesley Chap	el 6/Vd
	Wesley	Charpel FL City/State and Zip Code	33544
	CHANE E-mail address: (	Vayes @ greit to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Sheri	TUCKE	at (717) 585	5227
Nume of	Telson	Area Coue Daydine	relephone 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

(	Shror LLC	
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L13 000 122 C</u>		///0/2017 and assigned
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole: Same	
(Principal office address MUST BE A STREET.	ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO	Same	
(Maning unitess MAT BE AT OST OTT ICE III		
B. If amending the registered agent and/or registered agent and/or the new registered office		ur records, enter the name of the new
		200
Name of New Registered Agent:	Same	
New Registered Office Address:	Same	street address
	Enter Florida	street quaress
		, Florida Zip Code
	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

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 = A	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		Brooksville, PL, 3\$601	Remove
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ective date, if other th	an the date of t	filino:			(nn)	ional)	***	
n effective date is listed, the ofter. If the date inserted in cument's effective date of	this block does i	not meet th	e applicable	ate of filing or n statutory filin	nore than 90 days aft g requirements, th	er filing.) Pursua nis date will no	nt to 605 t be liste	.0207 (3) ed as the
record specifies a de he 90th day after th	elayed effective ne record is fil	ve date, led.	but not a	n effective (	ime, at 12:01	a.m. on the	e earlie	er of:
ed April	26,		<u>4017</u>					
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			M	d representative				

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Filing Fee: \$25.00