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COVER LETTER

TO: Registration Section Division of Corporations	
S.H.R.P.R. LLC	
SUBJECT: Name of	Limited Liability Company
The enclosed Articles of Amendment and fee(s) are	submitted for filing.
Please return all correspondence concerning this r	hatter to the following:
Sheri Turner	
	Name of Person
S.H.R.P.R. LLC	
	Firm/Company
27423 Wesley Chape	Blvd
	, Address
Wesley Chapel, FL 3	11. 3544 ti
octanevapes@gmail.co	City/State and Zip Code
E-mail add	ress: (to be used for future annual report notification)
For further information concerning this matter, ple	
Sheri Turner	727 585-5227 at ()
Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of State	S55.00 Filing Fee & S60.00 Filing Fee, US Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)
MAILING ADDRESS:	STREET/COURIER ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301

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

S.H.R.P.R. LLC	
(Name of the Limited Liability Co	mpany as it now appears on our records.) ited Liability Company)
[/]	
The Articles of Organization for this Limited Liability Comp	any were filed on 4/10/2017 and assigned
Florida document number L13000122092	
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 I	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
 <u>(Principal office address MUST BE A STREET ADDRESS</u>	
	T S T
! .l	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	9: 6
	97 G 78 5
	d office address on our records, enter the name of the new
registered agent and/or the new registered office address	<u>here</u> :
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
Įį.	City Zip Code
New Pagistared Agent's Signature, if shanging Peristared Age	om#:

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

f amendin r removed	g Authorized Person(s) authori I from our records:	ed to manage, enter the title, name, and add	dress of each person being add
MGR = N			
<u> itle</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Justin Vinson	18622 Cortez Blved Brooksville Fl.	
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], 	☐ Change
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			Change

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If amending any other informa	ition, entër change	e(s) here: (Attac	h additional sheets	s, if necessary.)	
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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this bl	st be specific init canno	t be prior to date of f	iling or more than 90 ctory filing requirement	(optional) tays after filing.) Pursuents, this date will no	ant to 605.0207 (ot be listed as t
document's effective date on the D	epartment of State's	records.			
he record specifies a delayed The 90th day after the rec	d effective date, ord is filed!	but not an effe	ective time, at 1	.2:01 a.m. on th	e earlier of:
Dated November 16	201	7			
			- <i>-</i>		
	Signature of a membe	r or authorized repre	sentative of a membe	r	
Sheri Turner					
	Typed	or printed name of	signee		
		Page 3 of 3			
	Fi	ling Fee: \$25.	00		