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TALLAHASSAFISI SATA

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: FOU	R SHIELDS,	LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Cristin Sillim	an	
		Name of Person	
	The Legacy	Law Firm, LLC	
		Firm/Company	
	PO Box 236	5	
		Address	
	Oldsmar, FL	. 34677	
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	cristins@thelegad	•	
		to be used for future annual report notific	cation)
For further information co	ncerning this matter, please ca	all:	
Cristin Sillim	nan	<sub>at</sub> 813 <sub>,</sub> 925-80	)83
Name of I	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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUR SHIELDS, (Name of the Limited Liability)	y Company as it now appears on our Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Co. Florida document number <u>L 1-100000 536</u>	ompany were filed on	2014	and assi	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:	,		
The new name must be distinguishable and end with the words "Lim	nited Liability Company," the designati	on "LLC" or the abbre	viation "L	L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	ESS)	2	fra co	
		72.2	Es	,
			\ \ \ \ \	
Enter new mailing address, if applicable:	<del></del>		<u></u>	-,
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>	, in the second	- 5	· 1 ·
		<u> </u>	10	· .
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our re ess here:	ecords, <u>enter the</u>	name_	of the nev
Name of New Registered Agent:			·	
New Registered Office Address:				
	Enter Florida street	address		
		, Florida		
	City	Z	ip 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR - Authorized Member Title Name Address **Type of Action** 10Box 172582 Madlein Mishriki MGR Tampa, FL 33672 MUR Wassaf Hanna 10 Box 172582 DAdd Jampa, FL 33672 PO BOX 172582 - DAGO MAMA MIWA TRUST MOR Jampa, FL 33672 Madlein Misnriki, as trustee of the MAMA mIWA Trust PO BOX 172582 - Remove Tampa FL 33672 Wassaf Hanna, as trustee of the MAMA MIWA TRUST HADD Po Box 172582 □ Remove Jampa FL 33672 □ Add ☐ Remove

. If amending any	other information, enter change(s) here: (Attach o	additional sheets, if necessary.)
(The effective date m	other than the date of filing:  ast be specific, cannot be prior to date of receipt or filed date and cont is filed by the Florida Department of State)	(optional) cannot be more than 90 days after
Dated	14/14	
	$\Omega \leftarrow 1$	
<u></u>	Signature of a member or authorized represe	entative of a member

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Filing Fee: \$25.00