

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : CAPITOL CORPORATE SERVICES, INC.
Account Number : 120160000048
Phone : (800)345-4647
Fax Number : (800)432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHANE INDUSTRIES LLC

Certificate of Status	0
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2019 JAN 14 AM 9:21
DIVISION OF STATE
CORPORATIONS
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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T. CLINE

JAN 15 2019

EXAMINER

2019 JAN 14 PM 10:20

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

SHANE INDUSTRIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/01/2014 and assigned
Florida document number L14000071450

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 Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Barri Shane
420 East 61st St., 10E
New York, NY 10065

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Barri Shane
420 East 61st St., 10E
New York, NY 10065

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

CAPITOL CORPORATE SERVICES, INC.

New Registered Office Address:

515 EAST PARK AVENUE 2ND FL.

Enter Florida street address

TALLAHASSEE

City

Florida 32301

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.

Danile Case Danile Case, Assistant Secretary on
behalf of Capitol Corporate Services, Inc.
If Changing Registered Agent, Signature of New Registered Agent

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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

Title	Name	Address	Type of Action
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
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			☐ Add
			☐ Remove
			☐ Change

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J. E. D.

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date specified in this block does not meet the applicable mandatory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 11/6, 19
Barri Shane
 Signature of a member or authorized representative of a member
Barri Shane
 Typed or printed name of signer

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Dilling Fee: \$25.00

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