L14000118623

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COVER LETTER

TO:		stration Section of Corp			•	
eun ie			ITAL HOLDINGS LLC	•	•	
SUBJE	CI: _	• •	Name of Limi	ted Liability Company		
The enc	losed .	Articles of A	mendment and fee(s) are sub-	nitted for filing.		
Please n	eturn a	all correspon	dence concerning this matter	to the following:		
			Linda Jackson			
				Name of Person		_
			SHJ SR CAPITAL HOLDI	NGS LLC		
				Firm/Company		
			1225 Leisure Ave.			
				Address		
			Tampa, FL 33613			
				City/State and Zip Code		
			sjacksol@gmail.com			
			E-mail address: (to be used for future annual	l report notification)	
For furt	her in	formation co	ncerning this matter, please ca	all:		
Linda Ja	acksoi	ı		813 41	5-1710	
		Name of	Person	Area Code	Daytime Teleph	one Number
Enclose	ed is a	check for the	e following amount:			
≡ \$25	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ing Address istration S			Address: ration Section	
	_		orporations	_	on of Corporation	ons
	P.O	. Box 6327	7	The Co	entre of Tallaha	ssee
	Tall	ahassee, F	L 32314	2415 N	 Monroe Stree 	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHJ SR CAPITAL HOLDINGS LLC

(Name of the Limited Liability Company as it now appears on our records) 1107 18 AM 7: 40 (A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company were filed on 07/29/	9/2014 and assigned
Florida document number L14000118623		
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company here	2:
The new name must be distinguishable and contain the v	words "Limited Liability Company," the design	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	eable:	
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or agent and/or the new registered office addre		ords, enter the name of the new registered
Name of New Registered Agent:	Linda Jackson	
New Registered Office Address:	Enter Florida	a street address
	2.70	. Florida
	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 = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Linda Jackson	1225 Leisure Ave.	= Add
		Tampa FL 33613	□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
		<u></u>	Change
			□Add
			□Remove
			Change
		<u> </u>	□Remove
			☐ Change
			□Add
			□Remove

fective	date, if other than the date of filing: (optional)
an effect lote: If	ive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
i is filed	11/15/2021 Lun On Jackson
record sold is filed the control of	11/1/2001