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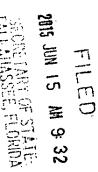
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#### **COVER LETTER**

Qivision of Cor				
SHADE OI	F GRAY ENTERPRISES, L.L.	C.	:	
ювјест:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		ROBERT BARRY		
		Name of Person	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	SHADE	OF GRAY ENTERPRISES, L	L.C.	
		Firm/Company		
	1971 SOUTH EAST 477TH AVENUE			
		Address		
		OLD TOWN, FL 32680		
		City/State and Zip Code		
		LEBROTHERS1@GMAIL.CO		
		to be used for future annual report	notification)	
For further information c	oncerning this matter, please ca	all;		
ROBER	Γ BARRY	386	226-0095	
Name o	f Person	at () Area Code Da	sytime Telephone Number	
Enclosed is a check for the	ne 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

FILED

2015 JUN 15 AM 9: 32

SHADE OF GRAY ENTERRISES, L.L.C. SECHETARY OF STATE TALEAHASSEE, FLORIDA

(Name of the Limited Li (A F	ability Company as it now appears lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabili	ity Company were filed on	11/13/2014	and assigned
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability company her	<u>'e</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the de-	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter</u>	the name of th
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	enier rioru		
-	City	, Florida	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>	<u>Name</u>	Address	Type of Action
AMBR	PATRICK GREEN	1971 SOUTH EAST 477TH AVENE	■ Add
		OLD TOWN, FL 32680	□ Remove
			☐ Change
			Add
	•		□ Remove
			☐ Change
			□ Remove
		, 	□ Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			Remove
			☐ Change

ffective date, if other than the date of filing:  JUNE 10, 2015  (optional)  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)(dotte): If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.  e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed.  JUNE 10  2015  JUNE 10  2015  JUNE 10  2015  JUNE 10  2015  JUNE 10  305  JUNE 10  J								
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Page 3 of 3

Filing Fee: \$25.00