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(Document Number)
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SECRETARY OF STATE

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COVER LETTER

	gistration Sec vision of Corp			
en in meere.		vestments, LLC		
SCBJECT:		Name of Limi	ted Liability Company	
The enclose	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		John Chang		
			Name of Person	
		9505 Tarpon Springs Road	Firm/Company	
		Odessa, FL 33556	Address	
		mdjohnchang@yahoo.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report n	ofification)
For further	information co	oncerning this matter, please co	ill:	
John Chang	1		813 477-9067 at ()	
	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	e 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, Ft. 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

Sheldon Investments, LLC							
(Name of the Limited Liability Con	pany as it now appears on our records.) d Liability Company)						
The Articles of Organization for this Limited Liability Compa	ny were filed on 12/17/2014	and assigned					
Florida document number							
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 Li	ability Company," the designation "LLC" o	r the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDRESS)		<u></u>					
		720					
Enter new mailing address, if applicable:		SECTION TALLIA					
(Mailing address MAY BE A POST OFFICE BOX)							
		SS					
		Me z m					
B. If amending the registered agent and/or registered	office address on our records,	enter the name of the					
registered agent and/or the new registered office address h	<u>ere</u> :	24 D					
		DE O					
Name of New Registered Agent:							
N D i a d Office A decays							
New Registered Office Address:	Enter Florida street address						
	TY	4					
	, Flori	daZip 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			☐ Change
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			□ Add
			☐ Remove
			☐ Change

Trai	sfer 50% membership interest to The John Chang Revocable Trust Date 5/29/2019.	_
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	10/14/2019	
ctive effecti	date, if other than the date of filing: (optional) (optional) we 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	05.0
<u>::</u> If	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I	sted
ımen	's effective date on the Department of State's records.	
		ıli a -
ecor	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ea Ith day after the record is filed.	nei
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ed	10/20 ,2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee

ASSIGNMENT OF LLC INTEREST

This ASSIGNMENT OF LLC INTEREST ("Assignment") is made by Sheldon Investments, LLC ("Assignor") to The John Chang Revocable Trust Dated 5/29/2019 ("Assignee") as of the date set forth below.

WITNESSETH:

WHEREAS, Assignor desires to assign 100% of its Membership Interest in the LLC, to Assignee by means of this instrument (the "Assigned Interest").

NOW THEREFORE, in consideration of \$100 dollars and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged. Assignor hereby takes the following actions:

1. ASSIGNMENT OF INTEREST

Assignor hereby irrevocably and unconditionally assigns, transfers and conveys to Assignee all of Assignor's rights, title and interest in the Assigned Interest in the LLC to Assignee.

2. CONSIDERATION

The Assignor assigns, transfers, and conveys the Assigned Interest to Assignee for the sum of \$100.00.

PRESENTATIONS AND WARRANTIES.

Assignor hereby represents and warrants to the Assignee that:

- (a) the Assigned Interest represents a 50% Interest in the LLC;
- (b) the Assignor is the lawful owner and has good title to the Assigned Interest, free and clear of any liens, claims, encumbrances, security interest or options.

4. APPROVAL AND RELEASE

The LLC hereby approves the transfer of the Membership Interest from Assignor to Assignee. The LLC and Assignor hereby release each other from all claims arising under the LLC.

EFFECTIVE DATE.

The Assignment is effective on October 14, 2019.

IN WITHNESS WHEREOF, Assignor has executed this Assignment as of the Effective Date.

WIINCS

Assignor:

Sheldon Investments, LLC

WITNESS

Assignee:

The John Chang Revocable Trust Date 5/29/2019

CONSENT OF GENERAL PARTNER

The undersigned hereby consents to the assignment of the limited membership interest.

WITNESS:

Sheldon Investments, LLC

John Chang, Managing Membe

Amir Awad, Managing Member

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 22 day of Choleron by John Chang He is personally known to me or produced a driver license:

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My Commission Expires: JUNE 7,2022

SAMANTHA PAIRITZ Notary Public - State of Florida Commission # GG 226228 My Comm. Expires Jun 7, 2022