

L14000192769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

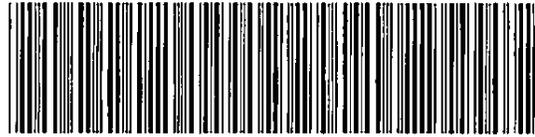
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHAMBRODY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JAMES P. COVEY, ESQ.

Name of Person

JAMES P. COVEY, P.A.

Firm/Company

1575 INDIAN RIVER BOULEVARD, SUITE C-120

Address

VERO BEACH, FL 32960

City/State and Zip Code

office@jcoveylaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

JAMES P. COVEY, ESQ.

772 770.6160

Name of Person

at ()

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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SECRETARY OF STATE
TALLAHASSEE, FL

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

SHAMBRODY, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on December 18, 2014 and assigned
Florida document number L14000192769

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

Enter Florida street address

_____. 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

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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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	FELIX THE CAT PRODUCTION:	123 State Route 23 South	<input checked="" type="checkbox"/> Add
		Hamburg, NJ 07419	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FELIX THE CAT PRODUCTION:	123 State Route 23 South	<input checked="" type="checkbox"/> Add
		Hamburg, NJ 07419	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
PR	DONALD ORIOLO	1801 N Roosevelt Blvd	<input type="checkbox"/> Add
		S05	<input checked="" type="checkbox"/> Remove
		Key West, FL 33040	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 TALLAHASSEE, FL

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

Multiple horizontal lines for amending information.

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 inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated October 30th

2024

Handwritten signature of Donald Oriolo

Signature of a member or authorized representative of a member

Donald Oriolo

Typed or printed name of signer

Filing Fee: \$25.00

STATE OF FLORIDA
DEPARTMENT OF STATE
TALLAHASSEE, FL

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