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SECRETARY OF STATE

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## COVER LETTER

Division of Co	•		
SUBJECT: SH27 LLC		nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	MORTY ETGAR		
		Name of Person	
	MORTY ETGAR, P.A.		
		Firm/Company	<del></del>
	3363 SUNNY ISLES BO	ULEVARD, SUITE 801	
		Address	<del>**</del>
	NORTH MIAMI BEACH	, FL 33160	
	FRONTDESK@ETGARC	City/State and Zip Code	
	<del>-</del>	to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	<del></del> -4
MORTY ETGAR		305 577-0454	2015 C SECR ALLA
Name o	of Person	Area Code Daytim	e Telephone Number ASSEE, FLS
Enclosed is a check for t	he following amount:		E OF TO
■ · \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	N/G \		

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

SH27 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 02/09/2015 and assigned Florida document number 115000024336 and assigned
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 ner registered agent and/or the new registered office address here:
·
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address いつ
Florida Florida
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

If Changing Registered Agent, Signature of New Registered Agent

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 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
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		FORT LAUDERDALE, FL 33312	□ Remove
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this bloddocument's effective date on the De	be specific an ck does not	nd cannot be pri meet the appl	icable statut	ling or more that ory filing requi	90 days afte	r filing.) P	ursuant to	o 605.0207 e listed as
ne record specifies a delayed The 90th day after the reco			not an effe	ctive time,	at 12:01	a.m. o	n the e	arlier o
Dated		2015	 	7				
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Filing Fee: \$25.00