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SECRETARY OF STATE
ALLAR SECRETARY

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: THE CITY'S SHAKE LUC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
MILTON FREGNI Name of Person
EXPAT CONSULTING Firm/Company
8615 Commo DITY GIRCLE, SLITELL
City/State and Zip Code Sernance Dexport consulting. Com E-mail address: (to be used for future annual report notification)
· · · · · · · · · · · · · · · · · · ·
For further information concerning this matter, please call:
Name of Person at (407) 745 - 1112 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee. Certificate of Status \$\Bigcup \$\text{cadditional copy is enclosed}\$ 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

THE GITY'S ST	AKE LLC	on our records.)
(A Florida	ty Company as it now appears of Limited Liability Company)	,
The Articles of Organization for this Limited Liability C	ompany were filed on <u>Q</u> -1_2 3	6/22/2015 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit SELTRAMI S GOTThe new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name must be distinguishable and contain the words "Limit new name of the limit new name new na	ULART LLC	gnation "Ll.C" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:		70
(Principal office address MUST BE A STREET ADDI	RESS)	2 2 <u>E</u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		12: 49
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Floride	a 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

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					
			Remove					
			☐ Change					
			□ Remove					
			Change					
			F Add E D Remove					
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Filing Fee: \$25.00