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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHEAR DEVELOPMENT COMPANY, LLC

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M. SOLOMON

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Corporate Filing Menu

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHEAR DEVELOPMENT COM				
(Name of the Lim	(A Florida Limited Liability Company)	en our records.)		
The Articles of Organization for this Limited I	liability Company were filed on 08/	24/2015	_and assigned	
Florida document number L15000144374				
This antendment is submitted to antend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability company her	<b>Æ</b> :		
The new name must be distinguishable and contain the	words "Limited Liability Company," the de	signation "Lf (" or the abbrev	/iation "L.L.C."	_
Enter new principal offices address, if appli	cable:			- 19 - 19 - 19
(Principal office address MUST BE A STRE	ET ADDRESS)	<del></del>	13.	طت د_
	<del></del>		1	5
				<b>C</b> O
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		<del>.</del>		
	<del></del>			<u>ښ</u>
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on office address here:	our records, enter the	name of the	печ
Name of New Registored Agent:	Christopher Shear		<del></del>	- <del>-</del>
New Registered Office Address:	1498 Jefferson Avenue, Unit 505	na sweet address	<del></del>	
	Miami Beach	, Florida _ <sup>33139</sup>		
	Cly.	•	Tip 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, Shinature of New Registered Agent

Page 1 of 3

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 = Anthorized Member

Title	<u>Name</u> ASHLEY F SHEAR	Address 1498 JEFFERSON AVENUE	Type of Action
MGR			Db∧dd
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			□ Remove
			□ Change

Page 2 of 3

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D. If umending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
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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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be document's effective date on the Department of State's records.	o 605.0207 History as	' (3)(h) the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e (b). The 90th day after the record is filed.	arlier of	r:
Dated August 26th 2019		
Signature of a member or multionized representative of a member		
Character Shear Styped or printed name of signee		
Page 3 of 3		
Filing Fee: \$25.00		