L15000213623

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COVER LETTER

TO: Registration Se Division of Cor			
	SHAW, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	nitted for filing.	
Please return all correspo	ndence concerning this matter (to the following:	
	JEFFREY SETH SELZER	, ESQ.	
		Name of Person	
	SELZER & WEISS, ATTO	DRNEYS-AT-LAW	
		Firm/Company	
	2550 NE 15TH AVE.		
		Address	
	FORT LAUDERDALE, FI	L 33305	
		City/State and Zip Code	
	JS@SELZERANDWEISS.0		
	E-mail address: (t	o be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	ıll:	
JEFFREY SETH SELZE	ER, ESQ.	954 567-4444 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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)

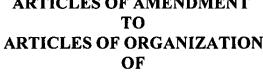
MAILING ADDRESS:

Registration Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



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	ORGANIZATION	The same
·	OF	3 1
HALYNA SHAW, LLC		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our records.) d Liability Company)	5.
The Articles of Organization for this Limited Liability Compar	y were filed on 12/28/2015	and assigned
Florida document number L15000213623		
This amendment is submitted to amend the following:		
ins anendment is submitted to anend the following.		
A. If amending name, enter the new name of the limited list	bility company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LLC" or	r 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)		
174 min (18 1411 22 111 031 01 1102 201)		
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 he	ere:	
Name of New Registered Agent:		
New Registered Office Address:		
11011 Registered Office Address.	Enter Florida street address	
	. Flori	da
	, Flore	ua

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
MGR	HALYNA SHAW		Add
			Remove
			Change
MGR	HALYNA SHAW, TRUSTEE		■ Add
	U/A/D MAY12, 2008		□ Remove
			☐ Change
			Add
			Remove
			□ Change
	· · · · · · · · · · · · · · · · · · ·		Add
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			Change
			Add
			☐ Remove
			☐ Change

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n effectiv	late, if other than the date of filing: (optional) e 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
	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste s effective date on the Department of State's records.	ed as
record	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlies	er of
- 00	th day after the record is filed.	
he 901		
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he 901	Signature of a member or authorized/forces quantity and a member	. 43
The 901	Signature of a member or authorized for explicitly of a member HALYNA SHAW	क्रांत्र स्ट
The 901	Signature of a member or authorized for esquative of a member HALYNA SHAW Typed or printed name of signee	1 3 20 3 2 2 3 3 4 3 3 5 3
The 901	Signature of a member or authorized for esentantia at a member HALYNA SHAW Typed or printed name of signee	ant of April

Filing Fee: \$25.00