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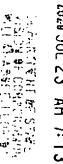
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## **COVER LETTER**

TO:

	ration Se on of Cor	ction porations 4 _				
OUR IDOM		Millicent Jean Jackson, l	LC			
SUBJECT:	•	Name of Lim	ited Liability Company			
The enclosed A	rticles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all	l correspo	ndence concerning this matter	to the following:			
		Millicent Jea				
			Name of Person			
	Firm/Company					
	4136 Ridgemoor Dr N					
			Address			
	Palm Harbor, FL 34685  City/State and Zip Code					
		milliejacks	on01@gmail.com			
		E-mail address: (	to be used for future annual	report notification)		
For further info	rmation c	oncerning this matter, please c	all:			
Millicent Jac	ekson		at ( 828 )	337-9468		
	Name o	f Person	Area Code	Daytime Telephone Number		
Enclosed is a ch	neck for th	ne following amount:				
□ \$25.00 Filii	ng Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is enc	Certificate of Status &		
Mailing Address: Registration Section			<u>Street A</u> Registr	ddress: ation Section		
Division of Corporations			Division of Corporations			
	Box 632 nassee. I	7 FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Millicent Jean Jackson, 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 \_ July 16, 2016 Florida document number 116000137633 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHOG, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

## Page 2 of 3

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(If an effect Note: If	e date, if other than the date of filing:
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	July 17
	Signature of a member or anthorized representative of a member
	./

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Filing Fee: \$25.00