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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates of	f Status
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Special Instructions to F	iling Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CCT:	Name of Line	PINCHES LLC	<u></u>
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Flelet	Name of Person	
			Name of Person	
		661	J North Churce	h Avenue
		Mi	JUSERY FL 331 City/Stark and Zip Code	60
		E-mail address: (to be used for future annual report notif	ANH YCALLY, COM
For fur	ther information co	oncerning this matter, please co	all:at (863-267- Area Code Daytime	8673
	Name of	f Person	Area Code Daytime	: Telephone Number
Enclose	ed is a check for the	ne following amount:		
z \$25	5.00 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 OF

SHD Prip	Perfics LLC	
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on our records.) ibility Company)	2019 SEC
The Articles of Organization for this Limited Liability Company w	vere tiled on	b and assigned
Florida document number <u>2160001562.74</u>		· o †
This amendment is submitted to amend the following:		PH 2
A. If amending name, enter the new name of the limited liabili	Company as it now appears on our records.) Impany were filed on	
The new name must be distinguishable and contain the words "Limited Liability		
Enter new principal offices address, if applicable:	6615 North CA	hurch Avenue
(Principal office address MUST BE A STREET ADDRESS)	mulse//y_Fl	33860
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6615 Dorth C Mulserry, H	Church Avenu 33860
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	ce address on our records, <u>ente</u>	er the name of the n
Name of New Registered Agent:		
New Registered Office Address: 66/5	- North Church Enter Florida street address	Avenue
Mul.	Scriy Florida	33860 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 add or removed from our records: MGR = Manager AMBR = Authorized Member Address **Title** Name **Type of Action** Frederick Scott HOUSE - 511 bay Shore drive DAdd Apt 806 Determove FORT LANderdAle FL333 Dechange Frederick Scott Norse - 6615 n. Church Ave. MGR MULSerry, FL 33860 - Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add

□ Remove

☐ Change

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Note: If	tive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a set's effective date on the Department of State's records.
	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 _	- 8/2 . 2019. Fushing Hayle
	to leave all
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00