216666161292

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(1.7)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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COVER LETTER

	gistration Sect vision of Corpo				
SUBJECT:		Shorsh	wikes ILC		
SUBJECT	-	Name of Lim	ited Liability Company		
		mendment and fee(s) are sub-			
Please return	n all correspond	lence concerning this matter	to the following:		
		Krist	Te Shores Name of Person		
			Firm/Company		
		10591	Delano Dr E		
			City/State and Zin Code	2257	
		E-mail address: (1	City/State and Zip Code e O K 15 tre 5 have to be used for future annual report notion	tication)	
For further i	nformation cor	neerning this matter, please ca	all:		
	15t7e Name of 1	Person	at (904) ZD7 Area Code Daytim	- 3644 e Telephone Number	
Enclosed is	a check for the	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		Street Address: Registration Section Division of Corporations			
	D. Box 6327 Hahassee, FI		The Centre of T 2415 N. Monro	`allahassee e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	or LLC iv as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company of Florida document number 1600 161292.	were filed on $8/29/2016$ and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	lity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L.L.C."		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1091 Delano Dr. E S		
Trincipal office anaress west be A STREET ADDRESS;	AHAS		
Enter new mailing address, if applicable:	10091 Delano Or 75 = [
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
	, Florida City Zip Code		
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as p	performance of my duties, and I am familiar with and		

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
			□Remove
			□Add
			□Remove
			□Change

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an effective date is lis	ther than the date o sted, the date must be spec serted in this block doe	cific and cannot be	orior to date of filing	or more than 90 days	s after filing.) Pursuar	nt to 605.0201
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	delayed effective date, l	but not an effecti	ve time, at 12:01	a.m. on the earlier	of: (b) The 90th d	lay after the
l is filed.						
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	· C	re of a member or .				<u></u>
	. Signatu	re of a member or	authorized represen	tative of a member		

Filing Fee: \$25.00