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(Requestors	s Name)
(Address)	
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(City/State/Z	Cip/Phone #)
PICK-UP V	VAIT MAIL
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(Document	Number)
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J. HOF	RNE
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COVER LETTER

	Registration Se Division of Cor			
SHELLC		R FLOORING & RENOVATION	ON LLC	
SUBJEC	.1:	Name of Lim	ited Liability Company	
The enclo	nsed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspo	ondence concerning this matter	to the following:	
		STEVEN NGUYEN		
			Name of Person	
			Firm/Company	
		14310 WOODFIELD CIR	CLE S	
			Address	
		JACKSONVILLE, FL 322	258	
			City/State and Zip Code	
			NDRENOVATION@GMAIL.CO	
For furthe	er information c	e-mail address: (to be used for future annual report n all:	otification)
STEVEN	NGUYEN		904 955-5966 at ()	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for the	he following amount:		
■ \$25.0	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 Addres Registration (Street Address: Registration S	Section
	Division of C	Corporations	Division of C	orporations
	P.O. Box 632		The Centre of	
	Registration ! Division of C	Section Corporations 27	Registration S Division of C The Centre of	orporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our reco	ords.)
inua Cirmicu Ciaomty Company)	202 S. S. I
y Company were filed on 09/07/2016	and assigned
,	AR 2
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imited liability company here:) 11: 20
Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
DRESS)	
	
ered office address on our records, <u>ent</u> e:	er the name of the new registered
Enter Florida street ada	lress
,	Florida
City	Zip Code
	imited liability company here: Limited Liability Company," the designation "L DRESS) Pred office address on our records, enter 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	AARON MILES MASSIE	14310 WOODFIELD CIRCLE S	■Add
		JACKSONVILLE, FL 32258	□ Remove
			□Change
			🗆 Add
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f an eff <u>Note:</u>	ive date, if other than the date of filing: (optional) (cetive 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. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
)***4	MARCH 26 2022
Dated	
	the second secon
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member

Filing Fee: \$25.00