## Ulado M5046

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Ви	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



700295570097

700295570097 02/16/17--01007--009 \*\*25.00

FEB 1 7 2017 S. YOUNG TALLANASSEE THERMARKE PHIZ: 12

INC. 236 East 6th Avenue. Tallahassee, Florida 32303  P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666				
WALK IN PICK UP: 4/16				
CERTIFIED COPY				
<b>У</b> РНОТОСОРУ				
Cus	1			
FILING LLC HMON	<u> </u>			
SHY Ventures, LLC (CORPORATE NAME AND DOCUMENT #)	<b>1</b> PSS			
	FEB 16			
(CORPORATE NAME AND DOCUMENT #)	<b>1</b>			
·	GRIOS			
(CORPORATE NAME AND DOCUMENT #)				
(CORPORATE NAME AND DOCUMENT #)				
(CORPORATE NAME AND DOCUMENT #)				
(CORPORATE NAME AND DOCUMENT #)				
CIAL				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHP Ventures, LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L16000195046</u>	npany were filed on 10/24/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	55)	
Enter new mailing address, if applicable:		FEB CRETA
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered	ed office address on our records, en	er the name of the new
registered agent and/or the new registered office address	<u>s here</u> :	· • • • • • • • • • • • • • • • • • • •
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zin 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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	John H. Hanan	17 La Vista Dríve	
		Ponte Vedra Beach, FL 32082	□ Remove
			Change
			□ Remove
			Change
<del></del>			Add S
			AHASS
			Remeye ASSEE FLORIDA
<u>.</u>			Add 7
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Remove
			Charge

Fective date, if other than the date of filing:  (optional)  (opti	<del></del>						
Sective date, if other than the date of filing:							
Sective date, if other than the date of filing:							
ective date, if other than the date of filing:		<del></del>					
ective date, if other than the date of filing:			<del></del>				
ective date, if other than the date of filing:							
ective date, if other than the date of filing:							
ective date, if other than the date of filing:							
ective date, if other than the date of filing:	-						
ective date, if other than the date of filing:							
ective date, if other than the date of filing:							
ective date, if other than the date of filing:							
ective date, if other than the date of filing:			<del></del>			17	1
ective date, if other than the date of filing:	<del></del>						
ective date, if other than the date of filing:							;
ective date, if other than the date of filing:	·						
ective date, if other than the date of filing:						<u> </u>	
ective date, if other than the date of filing:		<del></del>					
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filled.  2/15  , 2017  Additional of the date instituted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sument's effective date on the Department of State's records.							
te: If the 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  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as sument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.							
n effective 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  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records.  record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the 90th day after the record is filed.							
The 90th day after the record is filed. $2/15$ , $2017$ .  Additional and the second is filed.	n effective date te: If the dat	is listed, the date must be speci te inserted in this block does	fic and cannot be prion not meet the appli	cable statutory filin	ore than 90 days after filin	ng.) Pursuant to 605.02	207 as
ed 2/15, 2017.  Additional Signature of a member or authorized representative of a member	record spe he 90th d	ecifies a delayed effect ay after the record is f	ive date, but n	ot an effective t	ime, at 12:01 a.m	n. on the earlier	of
Signature of a member or authorized representative of a member	ed	2/15	, <u>201</u> -	<u>1</u> .			
Signature of a member or authorized representative of a member		Afflow	ur				
		Signatur	e of a member or aut	horized representative	of a member		

Page 3 of 3

Filing Fee: \$25.00