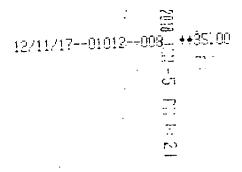
46000226184

Office Use Only



700306501817



JAN O 9 20:7 J. HARRIS

COVER LETTER

TO: Registration Secti Division of Corpo			
SUBJECT:	ant Luck,	ted Liability Company	
The enclosed Articles of An	nendment and fee(s) are subn	nitted for filing.	
Please return all correspond	ence concerning this matter t	o the following:	
	Davis		
		Name of Person	
	A Tab	le Aport	
		1 O - 1 O A	
	<u>4295 Boni</u>	ta Boh Rd. Address	
	Bunita Sp. F	City/State and Zip Code	
		o be used for future annual report notific	cation).
For further information con-	cerning this matter, please ca		Carrin
Samoth	^	at (<u>239</u>) <u>3w-5</u> Area Code Daytime	Tologham Number
Name of P	erson	Area Code Daytime	retephone 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 P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



December 14, 2017

JARROD DAVIS 4295 BONITA BEACH RD BONITA SPRINGS, FL 34134

SUBJECT: SHANTI LUCK, LLC Ref. Number: L16000226184

We have received your document for SHANTI LUCK, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

RECEIVED

JAN - 5 2018

Letter Number: 317A00025309

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	-, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	11/17	and assigned
Florida document number <u>Lucos 22 618</u>	<u>'</u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Line	ited Liability Company," the des	signation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	<u></u>		7 (5)
			i da
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			· <u> </u>
			<u></u>
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the nev
Name of New Registered Agent:			
New Registered Office Address:	Enter Floric	la street address	
	-	, Florida	
	City		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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Samantha Benarach 4295 Bunita Boh ld Brita Sp FL 34134 ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □Ādd □ Remove Ċ٦ ☐ Change .E. □Àdd ☐ Remove _□ Change

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	2/15/17	(D
ective date, if other than the da	specific and cannot be prior to date of filing	(optiong or more than 90 days after	filing.) Pursuant to 605.03
te: If the date inserted in this block cument's effective date on the Depa	does not meet the applicable statutor rtment of State's records.	y filing requirements, this	date will not be listed
record specifies a delayed e The 90th day after the record	ffective date, but not an effec His filed.	tive time, at 12:01 a	.m. on the earlier
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cd 2131 17	<u> 2017</u> .	_ _\(\)	
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Sign	nature of a member or authorized represe	manye or a memoer	<u>.</u>
Jarrach	nature of a member or authorized represe		

Filing Fee: \$25.00
Paid in Adlance