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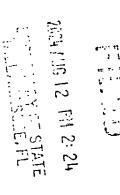




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COVER LETTER

	Registrati Division o				
SHRIE	Shiral	h Breez	e, LLC		
SOBJEC	~I·		Name of Lim	ited Liability Company	-
	Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Amy Highline Name of Person Corporate Direct, Inc. Firm/Company 348 Mill St. Address Reno, NV 89501 City/State and Zip Code ahighline@corporatedirect.com E-mail address: (to be used for future annual report notification) arther information concerning this matter, please call:				
The encl	enclosed Articles of Amendment and fee(s) are submitted for filling. See return all correspondence concerning this matter to the following: Army Highline Name of Person Corporate Direct, Inc. Firm/Company 348 Mill St. Address Reno, NV 89501 City/State and Zip Code a highline@corporatedirect.com E-mail address: Ito be used for future annual report notification) further information concerning this matter, please call: Highline Name of Person Name of Person Name of Person Seed is a check for the following amount: S25.00 Filing Fee S30.00 Filing Fee.				
Please re	Name of Limited Liability Company nelosed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Amy Highline Name of Person Corporate Direct, Inc. Firm/Company 348 Mill St. Address Reno, NV 89501 City/State and Zip Code ahighline@corporatedirect.com F-mail address: Ito be used for fluture annual report notification) In their information concerning this matter, please call: Highline Name of Person Name of Person Paytime Telephone Number seed is a check for the following amount:				
			Amy Highline		
				Name of Person	<u> </u>
			Corporate Direct, Inc.		
				Firm/Company	
			348 Mill St.		
				City/State and Zip Code	
				·	cation)
For furth	er informa	tion con	cerning this matter, please c	all:	
Amy Hig	hline			775 824-0300	
	N	ame of F	erson	Area Code Daytime	Telephone Number
Enclosed	is a check	for the	following amount:		
√ / \$25.0	00 Filing F	iee		Certified Copy	Certificate of Status & Certified Copy (additional copy is enclosed)
					2024 AUG 12
	Mailing A Registrat		ction	Street Address: Registration Sect	
	Division	of Cor	rporations	Division of Corp	mentione in the
	P.O. Box		22211	The Centre of Ta	
	Tallahass	see, Fl	. 32314	2415 N. Monroe Tallahassee, FL (

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shirah Breeze, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabili	ity Company were filed on 03/13	/17 and assigned
Florida document number L17000056955		g.rvu
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	limited liability company here	:
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	gnation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AI	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist	torod affice address on our ross	ands anton the name of the new registeres
agent and/or the new registered office address he		orus, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida	street address
_		. Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered Agent:	7 77 82
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper ar accept the obligations of my position as registere being filed to merely reflect a change in the regis	nd complete performance of my ed agent as provided for in Cha	y duties, and I am familiar with and 📜 🖫 upter 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
MGR	Rocky Partners, LLC	300 N Center St., Unit 6	[]Add
		Casper, WY 82601	J IRemove
			□Change
MGR	Joe Boxer Partners, LLC	300 N Center St., Unit 6	.
		Casper, WY 82601	[]Remove
			□Change
			(DAdd
			[]Remove
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Note: If the document's e record spectrd is filed.				ne, at 12:01 a.m. o	n the earlier of:	(b) The 90th (lay after the
Note: If the document's e record spectrd is filed. Datted Augu	ust 5		an effective tin	ne, at 12:01 a.m. o	n the earlier of:	(b) The 90th o	
Note: If the document's e record spectrd is filed. Dated Augu			2024	ne, at 12:01 a.m. o		(b) The 90th (
Note: If the document's e record spectrd is filed. Dated Augu	ust 5	Signature of a r	2024 member or author	_ · ized representative ((b) The 90th o	2024 AUG 12

Filing Fee: \$25.00