

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Pax Number

: (850)617-6383

From:

Account Name : JOHN M MICKER PA Account Number : ISC070000104

Phone

: (239)939-2222

Fox Number : (239)539-2280

**Enter the email address for this business entaty to be used for future annual raport mailings. Enter only one onail address please. **

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHULL & BOYD ENTERPRISES, LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY H 180000403973

ARTICLES OF ORGANIZATION OF.

(Tame of the Limited Lability	Company as it now appears on our records.)	
(A Pronoa C	inities bigointy Company)	
The Articles of Organization for this Limited Liability Cor Florida document number L17000086188	mpany were filed on 09/18/2017	pnd assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	333	
·	•	•
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or register registered agent and/or the new registered office address	red office address on our records, ss here:	enter the name of the
Name of New Registered Agent		
New Registered Office Address:		
	Emer Florida street address	
	, Flor	ida
	City	Zip Code

Registered Agent's Signature, if champing 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 itability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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_ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
MBR	BOYD, JOHN	802 POPLAR SPRINGS ROAD	
		RINGOLD, GA 30736	⊜ Remove
			□ Add
			Remove
			Changa
			DIVISION SE
			Rentale OF S
			SECRE JAN DE 39 16 FEBS-5 M 9: 39 17 D D D D D
		C Remove	
			□ Change
			Add
			D Remove
			Change
			G Add
			Remove

famending any other infor	mation, enter change(s) here: (Attach odditional sheat	s, if necessary.)
		Wisio
	· · · · · · · · · · · · · · · · · · ·	EB-5
		五
		ب ب
		9
		
Effective date, if other than If an effective date is listed, the dat	the date of filing: nust be specific and cannot be prior to date of filing or more than 90 airs block does not meet the applicable statutory filing requirer	(optional) days after (iling.) Pursuant to 605.0207 (
Note: If the date inserted in it document's effective date on i	ais block does not meet the applicable statutory filing requirer the Department of State's records.	nents, this date will not be listed as the
he record specifies a dele The 90th day after the	ayed effective date, but not an effective time, at record is filed.	12:01 a.m. on the earlier of:
CFO(4	_
Dated Tellian	7 270	C/ 10
	yo an n.	2h/N/V
	Signature of a member or authorized representative of a member	CI V V V
SHULL, JOHN		

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Filing Fee: \$25.00 H 180000 403973