## 2/7000/04066

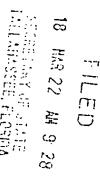
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O SIMMONS MAR 23 2018

## **COVER LETTER**

TO: Registration S Division of Co			
	SHELLEY LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for tilion	
	condence concerning this matter		
	Laura Harvey		
		Name of Person	
	<u> </u>	Firm/Company	
	3361 White Blvd.		
	Naples, FL 34117	Address	
	Laurahan (OL) (Garmail aum	City/State and Zip Code	
	Lauralynn013@gmail.com E-mail address:	to be used for future annual repo	ort notification)
For further information	concerning this matter, please c	all:	
Laura Harvey		239 398-20	
Name	of Person	Area Code I	Daytime Telephone 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 of Certified Copy (additional copy is enclose
Regis Divisi P.O. I	JING ADDRESS: tration Section on of Corporations Box 6327 bassee, FL 32314	Registration Division of C Clifton Build	Corporations ling ive Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LAURA & SHELLEY 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 Liability Company were filed on $\frac{05/10/2017}{1.17000104066}$ and assign	ed
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
A & L HARVEY LLC A & L HARVEY LLCE	-4 <u>-7</u>
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbres lation "LLC"	[7]
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	<u> </u>
	Ø
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of registered agent and/or the new registered office address here:  Name of New Registered Agent:	the new
v n i lom ill	
New Registered Office Address:  Enter Florida 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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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.	ınd

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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Shelley Goins	3361 White Blvd	
		Naples, FL 34117	■ Remove
			C Change
AMBR	Anthony Harvey	3361 White BIVLL. Naples, FL 34117	<b>∭</b> Add
		Naples, FL 34117	□ Remove
			Change
			DAM O
			18 Remark B 22 AM 9, 28
			Change
	<del></del>		O Add
		<del></del>	D Remove
			Change
			Remove

\_□ Change

	<del></del>
(If an e	tive date, if other than the date of filing:  (optional)  flective 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 ment's effective date on the Department of State's records.
the re ) Th	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of e 90th day after the record is filed.
Dated	1 3 9 1 8
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00