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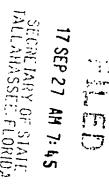
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COVER LETTER

	Registration Sec Division of Corp							
end irza	Shayla and Samiah, LLC							
SUBJECT	· ·	Name of Lim	ited Liability Company					
The enclos	sed Articles of a	Amendment and fee(s) are sub	omitted for filing.					
Please retu	ırn all correspo	ndence concerning this matter	to the following:					
		Christopher Parrado						
			Name of Person					
			Firm/Company					
		1238 E Kennedy Blvd Uni	it 904S					
			Address					
		Tampa, FL						
			City/State and Zip Code					
		cphomerentals@gmail.com	to be used for future annual report notif	ication)				
For further	r information co	oncerning this matter, please co	·	realion,				
Christoph	er Parrado		813 294-7187 at ()					
	Name of	Person	Area Code Daytime	Telephone Number				
Enclosed i	s a check for th	e 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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shayla and Samiah, 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 September 27, 2017 _ and assigned Florida document number 1.17000197557 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 designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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 the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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	Black Bough Homes, LLC	3212 N 40th St Suite 403	
		Tampa, FL 33605	Remove
		-	Change
MGR	Kevin Medeiros	3212 N 40th St Suite 403	
		Tampa, FL 33605	■ Remove
	•	-	Change
			Add
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