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COVER LETTER

TO:

TO: Registration S Division of Co			•
Parker Col	e Shamblin, LLC		
SUBJECT:	Name of Lim	nited Liability Company	······································
The enclosed Articles of	`Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	-	
	Parker Cole Shamblin		
		Name of Person	
	Parker Cole Shamblin, LL	С	
		Firm/Company	
	1020 Boca Ciega Isle гл.		
		Address	
	St. Pete Beach, FL. 33706		
		City/State and Zip Code	
	Parkercoleshamblin@gmail		
Tour County on its Communication		to be used for future annual re	port notification)
	concerning this matter, please c	ati:	
Parker Cole Shamblin		727 6125 at ()	
Name o	of Person	Area Code	Daytime, Felephone Number
Enclosed is a check for t	he following amount:		
□ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	JNG ADDRESS: ration Section on of Corporations	Registratio	COURIER ADDRESS: n Section Corporations
	ox 6327 assee, FL 32314	Clifton Bui	

Tallahassee, FL 32301 - +

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parker Cole Shamblin, LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our reco ited Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp	pany were filed on 10/18/2017	and assigned
lorida document number 82-3149195		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
veryman's Products, LLC		
he new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "LI	.C" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	S)	
	_	
nter new mailing address, if applicable:		5 T
Mailing address MAY BE A POST OFFICE BOX)	-	N)
. If amending the registered agent and/or registered	d office address on our recor	ds, enter the name of the new
gistered agent and/or the new registered office address		et1
·		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street åddr	ress
	. 1	Florida
	City	Zip Codc

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:

or removed from our records.		
MGR = Manager		
AMBR = Authorized Member		
ferral at		

<u>Title</u>	<u>Name</u>	Address	Type of Action
	• • • • • • • • • • • • • • • • • • • •		
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Effective date, if othe	r than the date of filing:		(ontional)		
Note: If the date inserte	r than the date of filing: the date must be specific and cannot be ed in this block does not meet the ap the on the Department of State's reco	plicable statutory filing re	than 90 days after filing.) equirements, this date v	Pursuant to 605.02 will not be listed a	07 (3)(b) as the
	a delayed effective date, but er the record is filed.	: not an effective tim	e. at 12:01 a.m. c	on the earlier	of:
Dated	·				
	kon Cole Shamle Signature of a member or				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00