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J. HARRIS

COVER LETTER

то:				
enn ic				
SUBJE	UI:	Name of Limi	ited Liability Company	***************************************
The enc	losed Articles of A	Amendment and fee(s) are subt	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
		FRANCISCO NOVOA		
NEW SHALEV III. LLC Name of Lamited Liability Company				
		NEW SHALEVIII, LLC		
	Division of Corporations NEW SHALEV III. LLC Name of Limited Liability Company Plosed Articles of Amendment and feets) are submitted for fiting. Identification of Person New SHALEVIII. LLC Firm/Company 1000 SUNFLOWER CIRCLE Address WESTON, FL 33327 City/State and Zip Code Ichamizo@antrax.biz E-mail address: to be used for future amount report notification) her information concerning this matter, please call: CISCO NOVOA Name of Person Status Status Certificate of Status Certificat Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations, P.O. Box 6327 Citifon Building STREET/COURIER ADDRESS: Registration Section Division of Corporations, P.O. Box 6327 Citifion Building			
		1000 SUNFLOWER CIRC	CLE	
	Address			
		WESTON, FL 33327		
		NEW SHALEV III. LLC Name of Limited Liability Company		
For furt	her information ec			
FRANC	CISCO NOVOA			
	Name of	Person		Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	Registra Divisio P.O. Bo	ation Section n of Corporations, ox 6327	Registration Section Division of Corpora Clifton Building 2661 Executive Cen	tions

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW SHALEV III, LLC		•	
(<u>Name of the Limited Liabili</u> (A Florid:	ity Company as it now appears on our r a Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liability C	Company were filed on OCTOBER	24. 2017	_ and assigned
Florida document number L17000219764	· 		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company here:		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation	"LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			- 53
Enter new mailing address, if applicable:	***		8 7
(Name of the Limited Liability Company as (A Florida Limited Liability Company well-broida document number L17000219764 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability. The new name must be distinguishable and contain the words "Limited Liability Company well-broken to amend the following: 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		<u> </u>	9 1
			7 77
		T. (1)	· · · · · · · · · · · · · · · · · · ·
		cords, enter th	e name of the new
registered agent and/or the new registered office and	ness nere:		
Name of New Registered Agent:			
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 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>	Name	Address	Type of Action
MGR	ESTHER NOVOA	1000 Sunflower Ca, Weston. Te 33	327 _{■ Add}
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			☐ Change
			
			Remove
			Change
			☐ Remove
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trail clock langer	ADD EIN: 82-3196176 •	·		
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FRANCISCO NOVOA Typed or printed name of signee	David	3540	250	
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