# L18000008567

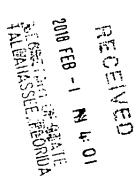
(Re	equestor's Name)	
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(Ci	ity/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	usiness Entity Nar	no)
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(UC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

			:	
SHRN LLC	<del></del>			
<del></del>	<u> </u>			
		<u>-</u>		
				Art of Inc. File
<del></del>		·		LTO Partnership File
				Foreign Corp. File
				L.C. File
				Fictitious Name File
				Trade/Service Mark
				Merger File
				Art, of Amend, File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<del></del>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
			<del></del>	Certificate of Fictitious Name
				Corp Record Search
				Officer Search
			<del></del> -	Fictitious Search
Signature	<del> </del>		<del></del>	Fictitious Owner Search
	<del></del>			Vehicle Search
		<del></del>		Driving Record
Requested by: Seth	02/01/18			UCC 1 or 3 File
Name	Date	Time		UCC 11 Search
W-11- I-	11/11 Pr. 1 **		<del></del>	UCC 11 Retrieval
Walk-In Thom (avide GA Broc.	Will Pick Up			Courier

## **COVER LETTER**

	gistration Se vision of Cor			
SUBJECT:	SHRN LLC	:		
		Name of Lin	nited Liability Company	
The enclosed	d Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		IMRAN SULTAN		
			Name of Person	
			Firm/Company	· .
		7436 47TH AVE CIR E		
		<u>-</u>	Address	
		BRADENTON, FL 34203	,	
			City/State and Zip Code	
		imrsultan@gmail.com		
		E-mail address: (	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please co	all:	
Deborah Car			561 392-7031 at ()	
	Name of	Person	at (at Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
<b>■ \$</b> 25,00 F		S30.00 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
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHRN LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	·
The Articles of Organization for this Limited Liability Company were filed on 01/11/2018		and assigned
Florida document number L18000008567		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	801 International Parkway 5th Floor	
(Principal office address MUST BE A STREET ADDRESS)	Lake Mary Florida 32746,	
		<del>-</del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		2000 2007 2007 2007 2007 2007 2007 2007
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	Mice address on our records, <u>ent</u> <u>e</u> :	er the name of the no
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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			
Title	<u>Name</u>	Address	Type of Action
			□ Remove
			Change
			□ Add
			☐ Remove
			Change
			□ Add
			Remove
			Change
			Remove
			Change
			D Add
			Remove
			Change
<u></u>			
			□ Remove

\_ Change

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(If an effective date is listed, t Note: If the date inserted	than the date of filing:  ne date must be specific and cannot be prior to date of filing or more to in this block does not meet the applicable statutory filing recon the Department of State's records.	than 90 days after filing.) Pursuant to 605.0207 quirements, this date will not be listed as
he record specifies a The 90th day after	delayed effective date, but not an effective time the record is filed.	e, at 12:01 a.m. on the earlier of
Dated 31 Jan	Authorized Member	
	Signature of a member or authorized representative of a	member
	Imran Sultan	

Page 3 of 3

Filing Fee: \$25.00