

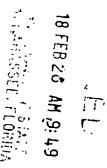
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Shelby Limited Liability Company  Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Jeffer Kinsley Name of Person
Shelby Limited LLC Firm/Company
3624 Jack Pine Lane
Ormand Beach FL 32174 City/State and Zip Code
E-mail address: (to be used for luture annual report notification)
For further information concerning this matter, please call:
Seffery Kinsley at (386) 453-8412 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)  S25.00 Filing Fee Certified Copy (additional copy is enclosed)  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

Shelby	T',w	ited_	L	<u> </u>		_	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company a Limited Liab	as it now appe pility Company	ears on o )	our records.)			
The Articles of Organization for this Limited Liability C	Company we	ere filed on _	<u>5</u>	<u>m.16, </u>	2018 and	assign	ed
Florida document number <u>L 18 0000 1431</u>				,			
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the lim	iited liabilit	y company l	here:				
The new name must be distinguishable and contain the words "Lin	nited Liability	Company," the	designa	ition "LLC" or	the abbreviation	ı "L.L.C.	
Enter new principal offices address, if applicable:	_						
Principal office address MUST BE A STREET ADD.	<u>RESS)</u>					18	
	_					<u>~</u>	•
•					(S)4	C#	• ••
Enter new mailing address, if applicable:					ָרָין. רָיין	<b>&gt;&gt;</b>	تشرا
Mailing address MAY BE A POST OFFICE BOX)	_				7.	_± _:∽	-
	_					+	
					·	<del>-w</del>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		e address o	n our	records, <u>e</u>	nter the nar	ne_of	the ne
Name of New Registered Agent:							<del></del>
New Registered Office Address:		Entar El		reet address	·		
		2,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	() (447 31)	eci mares.			
	<del></del>	City		Florid	laZip Ce	orde	<del></del> -
Nam Dagistarad Agant's Signatura if shanging Dagistara	-d 44-	5/11/r			2.47 (. 6	~***	

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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
<u>AMB</u> R	Mark Goedicke	820 Farrington Drive	Add
		Deltong, FL 3272	S_□ Remove
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			Add
			Remove
			Change

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	,, <b>.</b>
ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day  Note: If the date inserted in this block does not meet the applicable statutory filing requirement occument's effective date on the Department of State's records.	(optional) es after filing.) Pursuant to 605.0207 ( ts. this date will not be listed as t
e record specifies a delayed effective date, but not an effective time, at 12: The 90th day after the record is filed.	:01 a.m. on the earlier of:
Pated February 26 2018.	
Signature of a member or authorized representative of a member	
Typed or printed name of signee	

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Filing Fee: \$25.00