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R. WHITE

MAR 1 4 2020

(c) 24 [11] p

COVER LETTER

Division of Corporations			
SUBJECT:	Shinere Family	Baddirki LLC ited Liability Company	
		•	<i>:</i>
The enclosed Articles of a	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Patho	Name of Person	
		/ Name of Person	
		Firm/Company	
	2566	MU 50 14 St Address	
		Address	
	Bell, F	City/State and Zip Code	
	E-mail address: (i	o be used for future annual report notif	fication)
For further information co	oncerning this matter, please ca	all:	
Authon	J Ashmon	at (352) 2461 Area Code Daytimo	811
Name of	Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for th	ne following amount:		/
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

y as it now appears on our records.)	24 7"11:62
were filed on $\frac{2}{7}$	
lity company here:	
<u>-</u> .	
2566 WW 50th Bell, FC 32619	St
2506 NO 50th 18c11, FL 32019	S †
ddress on our records, <u>enter the</u>	name of the new registered
····	
Enter Florida street address	
. Florid	a
City	Zip Code
	ity company here: Ty Company," the designation "LLC" or the second seco

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
			□ Add
			□Remove
			☐ Change
			□Add
			□Remove
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			□Remove
			□Chanve

Page 2 of 3

D. II am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an ef <u>Note:</u>	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Dated	2-20-2020 L.C.
	Signature of a member or authorized representative of a member
	Anthony C. Ashreine

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