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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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PALLAHASSEE, FLORID,

COVER LETTER

Div	ision of Corp	orations		
SUBJECT:		TATION, LLC		
500011011	· · · · · ·	Name of Limi	ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Mr. ALEXIS D. SHAW		
			Name of Person	
		TERPENE-STATION, LL	C.	
			, <u></u>	
		2935 SE 1ST CT		
			Address	
		BOYNTON BEACH, FL	33435	
			City/State and Zip Code	
		alexisdshaw@gmail.com		
		E-mail address: ()	to be used for future annual report notif	ication)
For further in	nformation co	ncerning this matter, please co	all:	
Mr. ALEXIS	S D. SHAW		561 739-3603	
	Name of	Person	at () Area Code Daytime	: Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 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:

TO:

Registration Section

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

(Name of the Limited		
(/	Liability Company as it now appears on our records.) V Florida Limited Liability Company)	
The Articles of Organization for this Limited Lial	bility Company were filed on MARCH 6, 2018	and assigned
Florida document number L18000059662		
This amendment is submitted to amend the follow	ving:	
A. If amending name, <u>enter the new name of t</u>	he limited liability company here:	
The new name must be distinguishable and contain the wor	rds "Limited Liability Company," the designation "LLC" or the al-	obreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	AL	
Mailing address MAY BE A POST OFFICE B	<u> </u>	
	r registered office address on our records, <u>enter</u> ce address here:	the name of the n
	*·	÷
Name of New Registered Agent:	*·	the name of the n
registered agent and/or the new registered offi	*·	÷
Name of New Registered Agent:	ce address here: Enter Florida street address Florida	2018 MA
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address City	2018 MAR 15 de la sur l
New Registered Agent's Signature, if changing Re	Enter Florida street address City	2018 MAR 15 JAM 10:

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
MGR	ALEXIS D. SHAW	2935 SE 1ST CT	
		BOYNTON BEACH, FL 33435	☐ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			Add
			🗆 Remove
			Change
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			Remove
			Change
			Remove
			□ Change
			Add
			☐ Remove
			☐ Change

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he 90th day after th	ie record is nied	J.			
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Page 3 of 3

Filing Fee: \$25.00