h18000	076111
(Requestor's Name) (Address) (Address)	700376435107
(City/State/Zip/Phone #) PICK-UP WAIT (Business Entity Name) (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: RECEIVED HAD MAIL	11/15/2101029004 **25.00
Office Use Only	A. BUTLER DEC 16 2021

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		COVER LETTER		
ŤΟ:	Registration Section Division of Corporations			
SUBJF	сст: <u>ТИ</u> Е	SHANDLES' GROUP, LLC. 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.

KAMPER SHANDLES C FROUP LLC Firm/Company te 180 Addres: City/State and Zip Code <u>rennierampersolevaluo.com</u> E-mail address. (to be used for fugure annual report notification)

For further information concerning this matter, please call:

at (727)Area Code 723 - 5459Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

S25.00 Filing 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 radditional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF #	AMENDMENT
ТС)
ARTICLES OF O	RGANIZATION (1)
OI	2021 DEC 13 DE 2:45
THE SHAWDLES (Name of the Limited Liability Compared)	TROUP ALC.
The Ameles of Organization for this Limited Enability Company (Horida document number 4778000076111).	were filed on $\frac{O3/23}{23/20/8}$ and assigned
This amendment is submitted to amend the following:	
X. If amending name, <u>enter the new pame of the limited liabi</u>	lity company here:
The new name, must be distinguishable and contain the words "Lumited Liabili	ty Company," the designation "ELC" or the appresiation "ELC"
Fater new principal offices address, if applicable:	14310 North Dele Mabry 11 Suste 180
(Principal office address MUST BE A STREET ADDRESS)	Tauepa, Florida 33618
Enter new mailing address, it applicable: <u>(Mailing address MAY BE A POST OFFICE BOX)</u>	P.O. Box 271490 Tampa, Florida 33688
B. It amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agenti	
New Registered Office Address:	Leto Flanda street address
	, Florida
	$(m) = Z_{\frac{m}{2}}(x, k)$
New Registered Agent's Signature, if changing Registered Agent:	

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Encreps accept the appointment as neglistered agent and agree to act in this capacity. Enother agree to comply with the processors of all statuces relative to the proper and complete performance of my duties, and Eam 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 using tiled to merely reflect a change in the registered office address. Thereby 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 trop our records:

MGR = Manager AMBR = Authorized Member

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Type of Action Address litte <u>Name</u> William H. Ausuus 4166 Lidgeneoor Drive Korth- un mari Value Horbor, FL 34685 - XRemove change · · -T Add 7 Remove Change - - -----Add ----• Remove _____ " Change ⊡.Nad ___ . Remove .. _____ I Change 7 Mid -------..... Remove _____ Add _ Remove - -TChange

D. If amending any other information, enter change(s) here: (Attach additional sheets, it necessary))

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E. Effective date, if other than the date of filing: <u>Add 15 trace 2021</u> (optional) (

be record spectifies a do as of officitive date, but us an effective time, at 12001 a.m. on the earlier of (b). The 90th day after the count is a col-

ewer 1au m.c.m.c. St Suchor v: .

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 2, 2021

RENNIE RAMPERSAD 14310 N DALE MABRY HWY SUITE 180 TAMPA, FL 33618

SUBJECT: SHANDLES GROUP LLC Ref. Number: L18000076111

We have received your document for SHANDLES GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 121A00028915

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