# L18000 091 443

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100331908351

FILED SECRETARY OF STA

Jul. / 1

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: SHV Services 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:	
Edvardo Vilchez Name of Person	
SHV Sorvices LLC Firm/Company	
200 Kally Rol Unit 302	
City/State and Zip Code  SHU Serices 1/c@gmail. Com  B-mail address: (to be used to future annual report notification)	
E-mail address: (to be used to future annual report notification)	
For further information concerning this matter, please call:	
Fe dvardo Viller at (850) 974-2778  Name of Person at (850) Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$ \$\times \text{S60.00 Filing Fee.}\$ \$\times \text{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

SHU Services LLC	FILEU
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) Limited Liability Company)
	703 Jul 22 P 5: 28
The Articles of Organization for this Limited Liability C	Company were filed on SECRETARY OF and assigned
Florida document number <u>L18000091443</u>	TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lim	ited liability company here:
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDI	RESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add	tered office address on our records, enter the name of the neress here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
<del></del>	City Zip 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

<u>Title</u>	Name	Address	Type of Action
MGR	Honry Shernian	200 Kelly Rd	
	,	200 Kally Rd Unit 302 Niceville, FL 32578	Remove
		Niceville, FL 32578	
			Remove
		_	☐ Change
			Add
			□ Remove
			Change
			Add
			Remove
			□ Change
			Remove
			Change
			□ Add
			Remove
			□ Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
-	
_	
fan effe <mark>Note:</mark> - I	re date, if other than the date of filing:
The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated _	Toly 18 2019  Faluate Villey Signature of a member or authorized representative of a member  F. dvardo Villez  Typed or printed name of signee
	Fluard Willem
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00