L1800001340

(Re	equestor's Name)	
(Ad	dress)	
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PICK-UP	WAIT	MAIL
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SECRETARY OF STATE

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June 7, 2018

MARK POULIOT 7610 SUMMERTREE LN NEW PORT RICHEY, FL 34653

SUBJECT: SHADOOSH L.L.C. Ref. Number: L18000101340

We have received your document for SHADOOSH L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons Regulatory Specialist III

Letter Number: 818A00011882

AA

2018 JUN 18 FM 11: C.2

SEE ATTACHED DOCS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ShadooSh \C. 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:
Mark Poulut Name of Person
SHA DOOS H. LLC.
7610 SUMMERTREE LNI
New Post Richey FL 39653 City/State and Rip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (866) 973-3623 Area Code Daytime Telephone Number
Enclosed is a check for the following amount: All N/A
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy 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

SHADOOS	H LLC	
(<u>Name of the Limited Lia</u> (A Flo	hility Company as it now appears on our r rida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liabilit Florida document number $\angle 18000/6/34$	y Company were filed on <u>4/23</u> ,	//C and assigned
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the SKADOSH PRODUC The new name must be distinguishable and contain the words		"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SAME	<u>.</u>
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered agent and/or the new registered office a	gistered office address on our re-	cords, enter the name of the new
Name of New Registered Agent: New Registered Office Address:	v/A	
	Enter Florida street o	
	City	, Florida 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.

NA
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			
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(If an c <u>Note</u>	tive date, if other than the date of filing:
(b) Th	ecord 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.
Date	Mal S Pouleo . Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	MARK S. POULOT Typed or printed name of signee

Page 3 of 3
Filing Fee: \$25.00