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J. LEGGETT

COVER LETTER

TO: Registration Sec Division of Corp			•
SUBJECT: 40	Shey Inversion Name of Limit	ited Liability Company	, UC
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:	
	-	Name of Person	
	A.C. Mcco	CCCO CPA PLLS Firm/Company	
	1500 Ba	Rand = 1102	
	Miami F	Seach FL 3313 City/State and Zip Code	39
	<u><u> </u></u>	COLECTO COLO. COMO lo be used for future annual report not	ification)
For further information co	oncerning this matter, please ca	ail:	
		at ()	
Name of	Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for th	e 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 (additional copy is enclosed)
MAILI	NG ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Lia	Stments Company as it now appears on our recording Limited Liability Company)	r <u>ds.</u>)
The Articles of Organization for this Limited Liability		and assigned
This amendment is submitted to amend the following	ā;	
A. If amending name, enter the new name of the HUGNEY HOLLINGS The new name must be distinguishable and contain the words	Smy LLC	("" or the abbasis on " I C"
Enter new principal offices address, if applicable:	•	of the additional factor is
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		5 6
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or r registered agent and/or the new registered office :		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
_	City.	Florida Zip Code
	City	zip Cow

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
			□ Remove
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Filing Fee: \$25.00