L18000/31216

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COVER LETTER

TO: Registration S Division of Co		
Shampz L	LC	
SUBJECT:	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.
Please return all corresp	ondence concerning this matter	to the following:
	William Glass III	
		Name of Person
	Shampz LLC	
		Firm/Company
	130 Inverness Plaza #30	95
		Address
	Dirminaham Al 25242	
	Birmingham, AL 35242	0. 0. 12. 0.1.
	williampglass3@gmail.co	City/State and Zip Code
	· • — —	to be used for future annual report notification)
For further information	concerning this matter, please c	all:
William Glass III		205 482-4981
Name	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63: Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shampz LLC	<u></u>
(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company villarida document number L18000131216	were filed on 05/25/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Etna Investment Group LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registe
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as position as registered agent as position filed to merely reflect a change in the registered office of the company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blockdocument's effective date on the Dep	be specific and cannot be prior ck does not meet the applic	cable statutory filing require	(optional) 00 days after filing.) ements, this date v	Pursuant to 6 will not be li	isted as
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command amonifies a dalayed affective	date, but not an effective t	ime, at 12:01 a.m. on the ea	riier of: (b) The	90th day af	ide the
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