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## **COVER LETTER**

Div	ision of Corp	porations			
· SUBJECT:	SHENAND	OAH PARK INVESTMENTS	SILC		
SUBJEC1;		Name of Lim	ited Liability Company	<del></del>	
The enclosed	d Articles of a	Amendment and fee(s) are sub-	mitted for filing.		
		ndence concerning this matter			
		Orlando Machado			
			Name of Person		-
		Machado Investments Inc			-5 <b>-6</b>
		<del> </del>	Firm/Company		1 P P P P P P P P P P P P P P P P P P P
		6625 Miami Lakes Dr E, S	uite 212		FILED 1:06 B OCT 19 M 7:06 SECHE LANASSEE, FLORIDA
			Address		SEE D
		Miami Lakes, Fl 33014			FLOST.
		omachado@gmail.com	City/State and Zip Code		O6 AUDA
		E-mail address: (	to be used for future annual rep	ort notification)	
For further in	nformation co	oncerning this matter, please ca	all:		
Orlando Ma	chado		786 556-6	950	
	Name of	Person	at () Area Code	Daytime Telephone Number	
Enclosed is a	s check for th	e following amount:			
		S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &
	MAILI	NG ADDRESS:	STREET/O	COURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHENANDOAH PARK INVESTMENTS LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	<u>i.)</u>
The Articles of Organization for this Limited Liability Comp	any were filed on 06/12/2018	and assigned
Florida document number L18000145029		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and contain the words "Limited I	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		P 75
(Principal office address MUST BE A STREET ADDRESS	<u> </u>	ATTACK TO THE PROPERTY OF THE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 B
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	7
		orida
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Orlando Machado	6625 Miami Lakes Dr E, Suite 212, Miami Lakes, Fl 33014	Add
			■ Remove
		····	☐ Change
MGRM	Machado investments, Inc	6625 Miami Lakes Dr E, Suite 212, Miami Lakes, Fl 33014	■ Add
			☐ Remove
			□ Change
MBR	Marcelino Iturrey	6625 Miami Lakes Dr E, Suite 212, Miami Lakes, Fl 33014	
			Remove
			Change
			<b>3</b> 4 <b>3</b> 4 <b>3</b>
			AHASSEE, T
			7: Q7
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			☐ Change

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Page 3 of 3

Filing Fee: \$25.00