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COVER LETTER

Div	ision of Cor	porations		Zi.		
SUBJECT:	SHENANI	OOAH PARK INVESTMENTS	S LL.C			
SOBJECT.		Name of Lim	Name of Limited Liability Company			
				,		
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	a		
Please return	all correspo	ondence concerning this matter	to the following:			
		Orlando Machado				
		•	Name of Person			
		Machado Investments Inc				
Firm/Company						
		6625 Miami Lakes Dr E, S	Suite 212			
		-	Address			
		Miami Lakes, Fl 33014				
		omachado@gmail.com	City/State and Zip Code			
		- -	to be used for future annual report notifi-	cation)		
For further in	nformation c	oncerning this matter, please ca	all:			
Orlando Ma	chado		786 556-6950			
	Name o	f Person		Telephone Number		
Enclosed is a	check for ti	ne following amount:				
■ \$25.00 F	iling 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)		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Registration Section

TO:

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**

SHENANDOAH PARK INVESTMENTS LLC

	ТО	
ARTICLI	ES OF ORGANIZATION	ener
	OF	in the second
SHENANDOAH PARK INVESTMENTS	SLLC	The second second
(Name of the Limited Liab (A Flor	pility Company as it now appears on our records. rida Limited Liability Company)	and assigned
The Articles of Organization for this Limited Liability	Company were filed on 06/12/2018	and assigned
Florida document number 1.18000145029	·	
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	.imited 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 ADI	DRESS)	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
2211031011		
B. If amending the registered agent and/or regregistered agent and/or the new registered office ac		enter the name of the new
- In the second of the second		
Name of New Registered Agent:		
New Registered Office Address:	-	
	Enter Florida street address	
	, Flor	rida
	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
MBR	Marcelino Iturrey	6625 Miami Lakes Dr E, Suite 212, Miami Lakes, Fl 33014	= Add
			☐ Remove
			Change
		*	Remove
			☐ Change
			□ Add
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ffective date, if other than the an effective date is listed, the date moved in this becoment's effective date on the I	ist be specific and lock does not r	d cannot be prior meet the applic	able statutory fil	more than 90 days		
e record specifies a delaye The 90th day after the re	d effective of cord is filed.	date, but no	t an effective	time, at 12:	01 a.m. on the	e earlier of
April 26		2018				
Dated '		•	<u> </u>			
Dated April 20 Outwicklotte	relido					

Page 3 of 3

Filing Fee: \$25.00