L18000156728

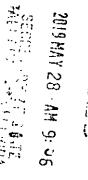
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Y SULKER JUN 1 4 2019

COVER LETTER

Divis	ion of Cor	porations		
T SUBJECT:	The Shapiro	o Grp LLC		
		Name of Limi	ited Liability Company	.
The enclosed A	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	ll correspo	ondence concerning this matter	to the following:	
		Dinah Vogel		
			Name of Person	
		The Shapiro Grp LLC		
			Firm/Company	
		9348 Carlyle Ave		
			Address	
		Surfside FL 33154		
		info@theshapirogrp.com	City/State and Zip Code	
			to be used for future annual report noti	fication)
For further info	ormation c	oncerning this matter, please ca	ail:	
Dinah Vogel			786 509-6846 at ()	
	Name o	ı Person	Area Code Daytim	e Telephone Number
Enclosed is a c	sheck for th	he following amount:		
		_	☐ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,
\$23.00 FII	ing rec	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURI Registration Section	

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

Registration Section

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Shapiro Grp LLC				
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) orda Limited Liability Company)		<u> </u>	
The Articles of Organization for this Limited Liability Florida document number L18000156728	y Company were filed on 6/26/2018	an	d assig	ned
This amendment is submitted to amend the following	y:			
A. If amending name, enter the new name of the l	limited liability company here:			
The new name must be distinguishable and contain the words	Limited Liability Company," the designation "LLC" or the	abbreviation	on "L.1(
Enter new principal offices address, if applicable:				
(<u>Principal office address MUST BE A STREET AD</u>	DDRESS)			
Enter new mailing address, if applicable:				
<u>(Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	<u></u>	201	
		- <u>: [m</u>		
			HAY	
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, <u>ente</u> address here:	r the na	ame, or	tne-new
registered agent and/or the new registered office a	iddi ess nere.	53) 14	⇒	-
		r.	A	i ege
Name of New Registered Agent:		42 31	<u>ဧာ</u> ငး.	<u> </u>
New Registered Office Address:			δ.	
	Enter Florida street address			
	, Florida _			
	City		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	Shneur Shapira	9348 Carlyle Ave Surfside FL 33154	_ Add
			☐ Remove
			Change
			Add
			Remove
			Change
			☐ Remove
			To Calinge
			P Represe
			Charge
			П Remove
			Change
			
			Remove
			Change

	2019 ACC	
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	<u> </u>	: ?"}
	Tem, 1t	
	<u> </u>	
(If an e: Note:	tive date, if other than the date of filing:	97 (3 s th
the re	cord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 90 th day after the record is filed.	of:
Dated	May 23 2019	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00