## 118000205097

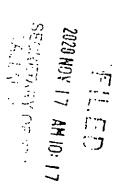
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Special Instructions to F	iling Officer:	

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## **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

Tallahassee, FL 32314

SUBJECT:	SHIRE CA	PITAL CONCENTRATED SE	PECIAL SITUATIONS I	LC	
SUBJECT.		Name of Lim	ited Liability Company		
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please returi	ı all correspo	ndence concerning this matter	to the following:		
		DOUGLAS RICHMAN			
			Name of Person		
		SHIRE CAPITAL CONCE	ENTRATED SPECIAL S	SITUATIONS LLC	
			Firm/Company		
		360 NW 27TH STREET			
			Address		
		MIAMI, FL. 33127			
			City/State and Zip Code		
		dougmrichman@gmail.com			
			to be used for future annual	report notification)	
For further i	nformation c	oncerning this matter, please ca	all:		
Douglas Ric	chman			3-7480	
	Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is	a check for th	ne following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy (additional copy is end	Certificate of Status &	
	niling Addres		<u>Street A</u> Registr	ddress: ation Section	
	-	Corporations	<b>—</b>	Division of Corporations	
P.O. Box 6327		The Ce	The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIRE CAPITAL CONCENTRATED SPECIAL SITUATIONS LLC

The Articles of Organization for this Limited Li	(A Florida Limited Liability Company)		and assigned
Florida document number L18000205097	admity Company were fried on		and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	-	re:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the d	esignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		<u> </u>
Principal office address MUST BE A STREE	T ADDRESS)		<u> </u>
		<u> </u>	<u> </u>
Enter new mailing address, if applicable:		,	
<u>.</u>			3
<u>Mailing address MAY BE A POST OFFICE :</u>	<u></u>	<u> </u>	<del></del>
	<del></del>		
3. If amending the registered agent and/or regent and/or the new registered office addres  Name of New Registered Agent:		ecords, <u>enter the na</u>	me of the new register
New Registered Office Address:	360 NW 27TH STREET		
	Enter Flor	ida street address	
	MIAMI	, Florida _	33127
	City		Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		
hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as regineeing filed to merely reflect a change in the scompany has been notified in writing of this	er and complete performance of stered agent as provided for in C registered office address. I herel change.	my duties, and I an Chapter 605, F.S. O by confirm that the l	i familiar with and r, if this document is
	Douglan Ric	rman	

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
MGR	DOUGLAS RICHMAN	360 NW 27TH STREET	(XAdd
		MIAMI, FL, 33127	□Remove
			□Change
MGR PIERRE JEAN NGUYEN	PIERRE JEAN NGUYEN	360 NW 27TH STREET	□Add
		MIAMI. FL. 33127	
			□Change
	<del></del>		□ Add
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			□Change

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(If an effect Note: If	e date, if other than the date of filing:
the record s cord is filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	November 9th 2020
	· · · · · · · · · · · · · · · · · · ·
	Signature of a member or authorized representative of a member
	PIERRE JEAN NGUYEN
	Typed or printed name of signee

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