## 118000207516

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	÷ #)
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(Bu	siness Entity Nam	ne)
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## **COVER LETTER**

	egistration Se ivision of Cor			
SUBJECT		LUTIONS LLC		
SUBJECT	·	Name of Lin	nited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retur	rn all correspo	ndence concerning this matter	to the following:	
		JEREMY SPOSATO		
			Name of Person	
		SHELL SOLUTIONS LLG	C	
			Firm/Company	
		2311 SANTA BARBARA	BLVD, SUITE 111	
			Address	
		CAPE CORAL, FL 33991		
		·	City/State and Zip Code	
		accounting@shellsolutionsl		
		E-mail address: (	to be used for future annual report not	ification)
For further	information co	oncerning this matter, please ca	all:	
JEREMY F	R. SPOSATO		239 244-8672 at ()	
	Name of	Person	at () Area Code Daytin	ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing 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

grand Same

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

SHELL SOLUTIONS LLC		
( <u>Name of the Limited Liability Cor</u> (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Compa Florida document number <u>L18000207516</u>	any were filed on 8/29/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<b>3</b> 2
		38 8 1810 1810
		구 변수 - 교육
Enter new mailing address, if applicable:		<b>ယ</b> ္ကြီးႏို
Mailing address MAY BE A POST OFFICE BOX)		<b>2</b> 690
		<u>. 22</u>
		<del></del>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ter the name of the
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	DUSTIN M. MEANS	2311 Santa Barbara Blvd, Ste 111 Cape Coral, FL 33991	<b>⊒</b> Add
			=
			Change
		<del></del>	
		<del> </del>	Change
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r re		
(If an	ctive date, if other than the date of filing: (option of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after	filing.) Pursuant to 605.02
<u>Note</u> docu	e: If the date inserted in this block does not meet the applicable statutory filing requirements, this iment's effective date on the Department of State's records.	date will not be listed
	· · · · · · · · · · · · · · · · · · ·	
(b) Th	ecord specifies a delayed effective date, but not an effective time, at 12:01 a ne 90th day after the record is filed.	.m. on the earlier
` ,		
Date	d SEPTEMBER 10 2018	
Ditte		
	/ ! \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

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Typed or printed name of signee

Filing Fee: \$25.00