L18000215508

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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October 6, 2018

ERIC GOLD 888 BISCAYNE BLVD #1908 MIAMI, FL 33132

SUBJECT: SHMOSS HOME LLC Ref. Number: L18000215508

We have received your document for SHMOSS HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor Letter Number: 818A00020844

COVER LETTER

	egistration Sect vision of Corpo				,
SUBJECT	SHMO88 HC	DMIE LLC			
Songret		Name of Lim	ited Liability Company		-
The enclose	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retur	n all correspond	lence concerning this matter	to the following:		
		Ene Gold			
		SHMOSS HOMELLC	Name of Person		
		888 Biscayne Blvd #1908	Firm/Company	1	
		Miami, Fl 33132	Address		_
		shmosshome@gmail.com	City/State and Zip Code		
For further	information con	E-mail address: (1) Exercise this matter, please ca	to be used for future annual reposit.	ort notification)	
Eric Gold			786 348-90 at ()	182	
	Name of F	Person		Daytime Telephone Numb	Per 22
Enclosed is	a check for the	following amount:			
\$25,00	Filing Fee	☐ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	Cenifi J) Cenifi	Filing Fee, care of Status & ed Copy and copy is enclosed)

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

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	i <mark>ny as it now appear</mark> Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	09 10 2018	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the de	esignation "LLC" or the a	ibbreviation "L.L.C."
Enter new principal offices address, if applicable:	888 Biscayne Bl	vd #1908	
(Principal office address MUST BE A STREET ADDRESS)	Miami, Fl 33132		
		·	

888 Biscayne Blvd #1908

Miami, Fl 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	Eric Gold			3 0	
New Registered Office Address:	888 Biscayne Blvd	#1908	44.03 20.33	01 -	Charles of the Control of the Contro
	75 F 10 F 1	Enter Florida street address	ŽIZ ME	- 0 0-	177
	Miami		a 331322 in	 	F. Carrier
istered Agent's Signature, if changing		City	Ang. Sin	\sim	ı

New Regis

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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.

hanging Registered Agent, Signature of New Registered Agent

Page 1 of 3

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
AMBR	Jean Simas	888 Biscayne Blvd #1908 Miami, FI 33132	Add
			□ Remove
vy gap	Eric Gold	888 Biscayne Blvd #1908	■ Change
AMBR		Miami, FI 33132	□ Add
			□ Remove
			☐ Change
		THE COLUMN TO TH	
			Remove
			□ Change
			Add Comple
			E Change
			22 D*Add
		 .	□ Remove
			□ Change
			Add
			□ Remove
			☐ Change

•	inge the mailing address.				
We request to add	l our EIN: 83-1893005				
We request to ma	ke the Authorized Person	ns public so they a	appear on the Detail b	y Entity Name.	_
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effective date is listed e: If the date insert	the date must be specific ared in this block does not the Oppartment of	nd cannot be prior to meet the applicab	date of filing or more the de statutory filing req	an 90 days after filing	,) Pursuant to 605.020
illicia s'effective da	te on the Department of	State 3 records.			
ecord specifies ne 90th day afte	a delayed effective er the record is filed	date, but not i.	an effective time,	at 12:01 a.m.	on the earlier o
:d Sopte	mber 26th	. <u>2018</u>	_·		
-	9	7	eQ.	nember	

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Filing Fee: \$25.00