

L18 000 241066

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

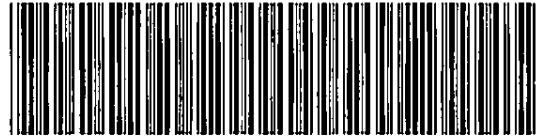
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

JAN 17 2020
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shed Industries LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ryan A. Abrams, Esq.
Name of Person
Abrams Law Firm, P.A.
Firm/Company
401 E. Las Olas Blvd., Suite 1400
Address
Fort Lauderdale, FL 33301
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Abrams 954 332-2358
Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shed Industries LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/11/2018 and assigned
Florida document number L18000241066.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

14519 US HWY 19

Hudson, FL 34667

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

14170 US HWY 19, Suite 124

Hudson, FL 34667

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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:

Abrams Law Firm, P.A.

New Registered Office Address:

401 E. Las Olas Blvd., Suite 1400

Enter Florida street address

Fort Lauderdale

Florida

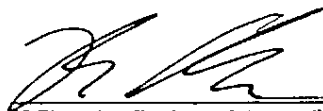
33301

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>	<u>Type of Action</u>
MGR	Frederick Dickely	14170 US HWY 19, Ste. 124	<input type="checkbox"/> Add
		Hudson, FL 34667	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	Patricia Koch	14170 US HWY 19, Ste. 124	<input type="checkbox"/> Add
		Hudson, FL 34667	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Christian Olsson	1840 41st Ave.	<input type="checkbox"/> Add
		Suite 102-211	<input checked="" type="checkbox"/> Remove
		Capitola, CA 95010	<input type="checkbox"/> Change
AMBR	Heather Petersen	1840 41st Ave.	<input type="checkbox"/> Add
		Suite 102-211	<input checked="" type="checkbox"/> Remove
		Capitola, CA 95010	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Manager Managed[illegible]


F. Effective date, if other than the date of filing: 12/11/2019 (optional)

(If an effective 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 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated December 11, 2019


Signature of a member or authorized representative of a member

Ryan A. Abrams
Typed or printed name of signee