L18000248054

(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL
(Address) (City/State/Zip/Phone #)
(Address) (City/State/Zip/Phone #)
(City/State/Zip/Phone #)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
/ \
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





500367684015

06/16/21--01015--004 **30.00

CD

381 JUST 6 PH 12: 13

7: 13 •

('L(S)) ('L(S)

! ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	.
SWATHAN RENTA	115 110
SUBJECT: Name of Limite	ed Liability Company
Penclosed Arricles of Amendment and fee(s) are submitted for filing. See return all correspondence concerning this matter to the following: Chontel Rithard Name of Person	
Please return all correspondence concerning this matter to	the following:
SHONTEL	RITHAN Name of Person
SHART -	MAN ENTERPRISE, LLC Firm/Company
1603 R	<u> </u>
Mit	WAY, FL 32343
SHART, HA E-mail address: (1	IN ENTERPISE @GHAIL. COM
For further information concerning this matter, please ca	dl:
SitONTEL RITTMAN Name of Person	at (\$50) 445 - 7293 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee	Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy
Mailing Address: Registration Section	Registration Section
Division of Corporations	Division of Corporations The Course of Tallahavene

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

The Party of the State of the S Florida document number <u>LISO</u>00 268 054 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address:

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.

Enter Florida street address

. 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			Remove
			□Change
			□Add
			Remove
·			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove

		-
-		
		
		·
J		
Note: If	ve date, if other than the date of filing: ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put the date inserted in this block does not meet the applicable statutory filing requirements, this date will ent's effective date on the Department of State's records.	irsuant to 605.0207 Il not be listed as
e record rd is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 ed.	0th day after the
Dated _	JUNE 16, 2021	
	Signature of a member or authorized representative of a member	
	STONTEL RITTMAN	