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S. ROBERTS
JUN 2 9 2023

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	JOSHUA SHEPPARD		
		Name of Person	
		Firm/Company	
	2841 N OCEAN BLVD #1		
		Address	
	FORT LAUDERDALE, F		
	ELIEZER.SHEP@GMAIL.	City/State and Zip Code COM	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please ca	all:	
JOSHUA SHEPPARD		407 399-1120 at ()	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)
<u>Mailing Addres</u> Registration S		Street Address: Registration Se	ction
Division of C	'orporations	Division of Cor	rporations
P.O. Box 632 Tallahassee, I		The Centre of T 2415 N. Monro Tallahassee, FL	e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHEPPARD INDUSTRIES

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

(<u>Name of the Limited Liability Company as it now a</u> (A Florida Limited Liability Comp	pany)		
The Articles of Organization for this Limited Liability Company were filed or	on 11/30/2018 and assigned		
Florida document number 1.18000276699			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability compa	nv here:		
JOSHUA SHEPPARD LLC			
The new name must be distinguishable and contain the words "Limited Liability Company,	"the designation "L.L.C." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:			
• •	20.2		
Enter new mailing address, if applicable:	1		
	.>		
(Mailing address MAY BE A POST OFFICE BOX)	7		
	``		
B. If amending the registered agent and/or registered office address on agent and/or the new registered office address here: Name of New Registered Agent:	our records, <u>enter the name of the new regis</u>		
New Registered Office Address:			
Ent	Enter Florida street address		
	Florida		
City	Florida		
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 wit		

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, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			☐ Change
			□Remove
			□Change
			□Add
			□ Remove
			🗀 Change
			□Add
			□Remove
			□Change
			⊡Remove
		-	□Change
			□ Remove
			☐ Change

Feetive date, if other than the date of filing:		NGING THE NAME OF THE LLC	-
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