11900000 2092

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shelley Mitchell PLLC 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:
Shelley Mitchell Name of Person
Shelley Mitchell, PLLC Firm/Company
861 180TH AVE E Address
Redington Shoves, FL 33708. City/State and Zip Code
Shelley mitchell realtor @ gmail.com E-mall address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shelley Mitchell at (727) 643-0058 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) S50.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)

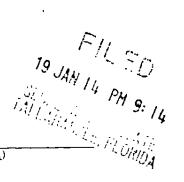
MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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



Mitchell, PLLC
the Limited Liability Company as it now appears on our records.)

(A Florida Limited	Liability Company)		·.4
The Articles of Organization for this Limited Liability Company	wwere filed on <u>De</u>	cember 28,208 and assigned	d
Florida document number <u>L19000002092</u> .			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "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 o		er records, enter the name of t	he ne
registered agent and/or the new registered office address her	<u>re</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent	•	Zip Code	

accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docume 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 Type of Action Title | <u>Address</u> <u>Name</u> Shelley Mitchell 861 180TH AVE E Add

Redington Shores, FL 33708 = Remove AMBR ☐ Change ☐ Change ☐ Remove Change ____ Change ☐ Remove ☐ Change _□ Remove

─ □ Change -

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ctive date, if other than the date of filing: (cffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (cffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (cffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed. The date is listed to date of filing or more than 90 days) (displayed the date is listed to date of filing or more than 90 days) (displayed the date is listed to date of filing or more than 90 days) (displayed the date is listed to date of filing or more than 90 days) (displayed the date is listed to date of filing or more than 90 days) (displayed the date is listed to date of filing the date of filing	optional) after filing.) Pursuant to 605.0207 (s, this date will not be listed as th
ecord specifies a delayed effective date, but not an effective time, at 12:1 re 90th day after the record is filed.	01 a.m. on the earlier of:
d_January 11 . 2019.	
Signature of a member or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·
Signature of a member or authorized representative of a member Shelley Mitchell Typed or printed name of signee	

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Filing Fee: \$25.00