L19000004360

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COVER LETTER

	ration Sect on of Corp				
	HADIEVC	ORP, LLC			
SUBJECT:		Name of Lim	nited Liability Company		
The enclosed A	rticles of A	mendment and fee(s) are sub	mitted for filing.		
Please return ali	l correspond	dence concerning this matter	to the following:		
		SANJAR M. SHADIEV			
			Name of Person		
		SHADIEVCORP, LLC			
		-	Firm/Company		
		3077 DOXBERRY COU	RT		
			Address		
		CLEARWATER, FL 337	61		
		<u></u>	City/State and Zip Code		
		SHADIEVCORP@GMAIL			·
		h-mail address: (to be used for future annual	report notification)	
For further info	rmation con	cerning this matter, please co	all:		
SANJAR M. S	HADIEV		727 50	4-7265	
	Name of F	erson	Area Code	Daytime Telepho	one Number
Enclosed is a ch	eck for the	following amount:			
\$ 25.00 Filia	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee Certified Copy (additional copy is enc		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	g Address: tration Se	ction	Street A		
_		porations	_	ation Section n of Corporatio	ons
	30x 6327	I		ntre of Tallahas	
Tallah	iassee, FL	. 32314	2415 N	. Monroe Street	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHADIEVCORP, 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 01/08/20	19 and ass	ioned
Florida document number L19000004360	were med on	und ass	igned
 -			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designati	on "L1.C" or the abbreviation "L.	L.C."
Enter new principal offices address, if applicable:	3077 DOXBERRY C	OURT	
(Principal office address MUST BE A STREET ADDRESS)	CLEARWATER, FL	33761	
			
Enter new mailing address, if applicable:	3077 DOXBERRY C	OURT	
(Mailing address MAY BE A POST OFFICE BOX)	CLEARWATER, FL 3	33761	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records	, enter the name of the nev	v registere
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	Enter Florida stre		
	City	, Florida Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	•	7.47 · C.	
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	vee to act in this capaci performance of my du provided for in Chapte	ities, and I am familiar wit ir 605, F.S. Or, if this doct	h and ment is

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>	Address	Type of Action
			□Remove
			□Change
	<u> </u>		□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			①Add
			□Remove
			Change
			□Add
			□Remove
		☐Change	
			🗆 Add
			□Change

amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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ffecti	ve date, if other than the date of filing:
	serive 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 605.020 lifthe date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
locum	ent's effective date on the Department of State's records.
	on a second of the second of the The 90th day after the
record d is fil	I 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
	;
Dated .	1/23/20
	Signature of a member or authorized representative of a member
	SANJAR M. SHADIEV
	Typed or printed name of signee

Filing Fee: \$25.00