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## **COVER LETTER**

TO: Registration Secti Division of Corpo	rations		₽.
SUBJECT: The	Shana And	1 Valerie 5	how LLC
SUBJECT:	Name of Limit	ited Liability Company	
The enclosed Articles of An	nendment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
	VALERIE	PRUITT Name of Person	
	The Shan	Firm/Company	e Show Li-C
		. ,	
	7928 Ren	ault Drive	$\sim$
		Address	<del></del>
	Jacksonu.	11e FL 322	44
		City/State and Zip Code	C
-	Ualerie pruit E-mail address: (t	t 621 @ Yahoo o be used for future annual report not	ification)
For further information cond			
Valene	Pruit	at (607) 791	+ 0979
Name of Pe	erson	Area Code Daytin	ne Telephone Number
Enclosed is a check for the f	ollowing 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)
MAILING	G ADDRESS:	STREET/COUR	IER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Office Address:

Enter Florida street address
\_\_\_\_\_\_, Florida \_\_\_\_\_\_\_\_

City

Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Name of New 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>	Address	Type of Action
<u>mr</u>	Jesse Pruitl	7928 Renault Dr N	🗆 Add
		Jacksonville FL 32244	□ Remove
	,		☐ Change
Mrs Valene PruitiAP	Valene Pruit/AP	7928 Rénaut Dr N Jacksonville FL 3224	t Add
	/	Jacksonville FL 3226	AL □ Remove
			Change
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lf an effect <u>Note:</u> If	date, if other than the date of filing: 31, 20, 9 (optional) ive 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 (if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the seffective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated	31,12019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00