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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Shell Sells	Realty LLC		
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:	
	Michele Curtin		
		Name of Person	
		Firm/Company	
	20013 Outpost Point Drive	•	
		Address	
	Tampa, FL 33647		
	shellsellsfloridahomes@gm	City/State and Zip Code ail.com	
	E-mail address; (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Michele Curtin		813 753-1211	
Name (f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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)
Mailing Addres Registration		<u>Street Address:</u> Registration Se	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632	<u>'</u>	The Centre of T	Lallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as i	now appears on our records.)
(A Florida Limited Liability	· Company)
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.19000034133}{1.19000034133}$.	filed on 02/04/2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability c</u>	ompany here:
Michele Curtin LLC	
The new name must be distinguishable and contain the words "Limited Liability Con-	npany," the designation "LLC" or the abbreviation, "L.L.C."
Enter new principal offices address, if applicable:	The state of the s
(Principal office address MUST BE A STREET ADDRESS)	
	77 - 76
Enter new mailing address, if applicable:	1 68 00 1 68 00 1 68 00
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office addre	ss on our records, <u>enter the name of the new regi</u>
agent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	uv Zip Code

Thereby 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 amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□ Add □ Remove □ Change □ Add □ Remove □ Add □ Remove □ Add □ Remove □ Change □ Add □ Change □ Add □ Change □ Change □ Change
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Λ					
Muchele C	Signature of a member or	uthorized representati	ve of a member		