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## **COVER LETTER**

TO: Registration S Division of Co		,			
Sosteli Shi	eld LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brian Calciano, Esq.				
	<del></del>	Name of Person		-	
	Brian Calciano, P.A.				
	<del></del>	Firm/Company		-	,
	146 2nd St. N., Suite 310-	DD		2019 HAY	77.29
	St. Petersburg, FL 33701	Address		$\dot{\omega}$	FILED AND FILED
		City/State and Zip Code		PH 4: 2	) F. (
	E-mail address: (	to be used for future annual report notifi	ication)	27	
For further information of	oncerning this matter, please c	all:			
Brian Calciano, Esq.		727 202-4516			
Name o	f Person		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)	Certified	te of Status &	

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

Sosteli Shield LLC			
( <u>Name of the Limited Liability Co</u> (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)		
The Articles of Organization for this Limited Liability Comp	pany were filed on March 11, 2019	and assign	ed
Florida document number L19000068979			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company here:		
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C.	**
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	-	
		201	
Enter new mailing address, if applicable:		H 2	
Mailing address MAY BE A POST OFFICE BOX)			<u></u> 
		ω μ	1 <u>16</u>
		- F. S. S.	) } }
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>er</u>	nter the name of (	the nev
egistered agent and/or the new registered office address	<u>s nere</u> :	27	
Name of New Registered Agent:	100 <b>-</b>		
New Registered Office Address:			
	Enter Florida street address		
	, Florid		<del></del> -
	City	Zin Code	

## 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 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>	<u>Address</u>	Type of Action
AMBR	Damian Wingham	800 Tarpon Woods Blvd. Ste E2	<b></b>
		Palm Harbor, FL 34685	■ Adđ
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(If an effi	ve date, if other than the date of fective date is listed, the date must be specific	ic and cannot be prior to o	fate of filing or more than 90 d	_ (optional) lays after filing.) Pursuant to 605	.0207 (;
Note: docum	If the date inserted in this block does in this effective date on the Department	not meet the applicable of State's records.	e statutory filing requireme	ints, this date will not be liste	ed as th
the rec	ord specifies a delayed effectiv	ve date hut not a	n effective time at 1	7:01 a.m. on the carlie	ar of:
) The	90th day after the record is fil	led.	ir cirective time, at 1	2.01 a.m. on the earne	er Oi.
Dated	April 29	2019			
-	14 1		•		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00