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Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 Phone : (323) 962-8600 Fax Number : (323) 962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHORTY'S ENTERPRISES LLC

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Help

COVER LETTER

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		ENTERPRISES LLC		
SOBJECT: _	. <u> </u>	Nume of Limi	ted Liability Company	
The enclosed /	Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return a	II correspo	ndence concerning this matter	to the following:	
		Cheyenne Maseley		
			Name of Person	·
		Legalzoom.com, Inc.		
			Firm/Company	
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			Address	
		Glendalc, CA 91203		
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		yourckfila@gmail.com	to be used for future annual report not	nfication)
For further inf	ormation o	oncerning this matter, please ca		
Cheyenne Mo	seley		800 773-0888 at ()	
	Name o	f Person	Area Code Dayiir	ne Telephone Number
Enclosed is a	check for t	he following amount:		
□ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (udditional copy is enclosed)	S50.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regisu Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COUR Registration Section Sec	

Tuliahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORTY'S ENTERPRISES LLC		
(Name of the Limited)	Liability Company as it now appears on our record Florida Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liab	ifity Company were filed on 06/25/2019	and assigned
Florida document number L19000166367		202
		· · · · · · · · · · · · · · · · · · ·
This amendment is submitted to amend the following	· PA	
A. If amending name, enter the new name of th	ne limited liability company here:	2020 APR 13
A. If affeiting frame, ever the new frame of the		jaan Tyr Tyr sector s
The new name must be distinguishable and contain the word	Last Land Cability Company "the designation "11	
The new name must be distinguishable and contain the word	is Limited Lizonity Company, the designation Case	C of the approviation regards.
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
•	246	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		do anton the name of the nav
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	is, enter the name of the nev
registered agent and/or the new registered are	L AUGI COS HESC.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	422
	. . F	Iorida
	City	Zip 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

To:

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>	Name	Address	Type of Action
AMBR	ERIC S JOHNSON		□ Add
		24718 ROLLING OAK RD. SORRENTO, F 32776 U	■ Remove
			☐ Change
			□ Add
			D Romave
			Remove 3
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record : The 90th	specifies a delayed I day after the rec	d effective ord is filed	date, but no	ot an effectiv	e time, at 12	:01 a.m. on	the earlier
ated	4.3		. <u>2020</u>	<u> </u>			
<u> </u>	4:3 Denoise	Inn) member or auth	onzed representa	ive of a member		
		-					

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