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COVER LETTER

Division of Co	rporations		•
	CK-SHOAL 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:	
	JORDAN DERISO		
		Name of Person	
	SHADRACK-SHOAL LL	С	
		Firm/Company	
	1491 SW KOCH ROAD		
	-	Address	
	ARCADIA, FL 34226		
		City/State and Zip Code	
	INFO@CAMPBELLSEA.		
		to be used for future annual report n	otification)
For further information of	concerning this matter, please co	all:	
JORDAN DERISO		863 9906084	
Name o	of Person	Area Code Days	time 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 Addre		Street Address:	
Registration : Division of C		Registration S Division of C	
P O Boy 63	•	The Centre of	•

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHADRACK-SHOAL 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 AUGUST 6, 2019 and assigned Florida document number L19000199976 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 "L.L.C." or the abbreviation "L.L.C." 1491 SW KOCH ROAD Enter new principal offices address, if applicable: ARCADIA, FL 34266 (Principal office address MUST BE A STREET ADDRESS) 1491 SW KOCH ROAD Enter new mailing address, if applicable: ARCADIA, FL 34266 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new regagent and/or the new registered office address here:

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	ss
_	, FI	orida
-	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 w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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 or removed from our records:

MGR = Manager

· AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Act
M GR	LAURA M ADAMS-FIELDS	3674 SW BRIAR WOOD PLACE	
		ARCADIA, FL 34269	≘ Remove
			□Change
AR	KEITH W FIELDS	3674 SW BRIAR WOOD PLACE	□Add
		ARCADIA, FL 34269	≣Remove
			□Change
MGR	JORDAN DERISO	1491 SW KOCH ROAD	
		ARCADIA, FL 34266	□Remove
			Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
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Filing Fee: \$25.00