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## **COVER LETTER**

TO: Registration Se Division of Cor			
3083ECT.	Name of Lim	ited Liability Company	<del>.</del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	SHANNON WILLIAMS		
Firm/Company  525 ROLLINGVIEW DR  Address  TEMPLE TERRACE, FL 33617  City/State and Zip Code  SHANRON1002@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  SHANNON WILLIAMS  at (			
		Firm/Company	
	525 ROLLINGVIEW DR		
		Address	· · · · · · · · · · · · · · · · · · ·
	TEMPLE TERRACE, FL	33617	
	SHANRON1002@GMAIL		
	E-mail address; (	to be used for future annual report noti-	fication)
For further information c	oncerning this matter, please c	all:	
SHANNON WILLIAMS	; 		
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
€ \$25.00 Filing Fee	S30.00 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2072 MAY 10 PH 12: 29

KUBBA BAND LLC		SF:
(Name of the Limited Liab) (A Florida	ility Company as it now appears on our recorda Limited Liability Company)	ds.) TALLAHASSEL. FL
The Articles of Organization for this Limited Liability	Company were filed on 09/10/2019	and assigned
Florida document number 1.19000229036		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SHANBERRY LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LL	C" or the abbreviation "L.1C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		on "LLC" or the abbreviation "L.L.C."  , enter the name of the new registered
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register-	ed office address on our records, enter	r the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addre	255
<u> </u>		lorida
	City	Zip Code

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

MINDA DANDALIC

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 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
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			□Remove
			□Change
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Effective date, if other than fan effective date is listed, the date Note: If the date inscrted in the document's effective date on the	must be specifi- is block does r	e and cannot be poor	prior to date of			filing.) Pursua		
e record specifies a delayed effi rd is filed.	ective date, but	t not an effecti	ve time, at 12	:01 a.m. on th	e carlier of: (b	) The 90th	day after	the
05/02 Dated	<del>-</del>	2022	·					
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Filing Fee: \$25.00