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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sec Division of Corp			
Sheftel Heri	tage LLC		
SUBJECT:	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Mendel Schurder		
	Sheftel Heritage LLC	Name of Person	
	Siletter Hertiage EDC		
	4944 Rabbit Hollow Dr	Firm/Company	
	Boca Raton, FL 33064	Address	
	mendyschurder@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	ication)
For further information of	oncerning this matter, please co	il:	
Mendel Schurder		561 789-0428	: Telephone Number
Name o	of Person	Area Code Daytime	e 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 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

Sheftel Heritage LLC (Name of the Limit	ed Liability Company as it now app (A Florida Limited Liability Compan	ocars on our records.)
The Articles of Organization for this Limited Li Florida document number L19000241461	ability Company were filed on	09/24/2019 and assigned
This amendment is submitted to amend the follo	owing:	y here:
A. If amending name, enter the new name of	the limited liability company	v here:
The new name must be distinguishable and contain the w		the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Muiling address MAY BE A POST OFFICE)	BOX)	
		s on our records, enter the name of the new
registered agent and/or the new registered o	ffice address here:	
Name of New Registered Agent:	Mendel Schurder	
New Registered Office Address:	4944 Rabbit Hollow Dr	
the w registered office / tudiess.	Enici	r Florida street uddress
	Boca Raton	, Florida <sup>33487</sup>
	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

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
MGR	Mendel Schijveschuurder		Add
		4944 Rabbit Hollow Dr Boca Raton, FL 33487	■ Remove
			☐ Change
MGR ———	Mendel Schurder	4944 Rabbit Hollow Dr Boca Raton, FL 33487	■ Add
			SE OR CHANGE
			SS ₽Add
			SI A Gremove
			Change
			□ Remove
		<u></u>	☐ Change
		_	
			Remove
			☐ Change
			□ Remove
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The 90th day after the record is filed.			
Dated			
Signature of a member or authorized representative of a member			

Page 3 of 3

Filing Fee: \$25.00