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· · · TO: **Registration Section Division of Corporations**

Blue Panda LLC

SUBJECT: _

Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Turner Name of Person Shelby & Bailey LLC Firm/Company 10764 70th Ave, Unit 2103 Address Seminole, FL 33772 City/State and Zip Code shelbyandbaileyllc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jason Turner 813 850-8533 at (____ Daytime Telephone Number Area Code Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address: **Registration Section Registration Section Division of Corporations Division of Corporations**

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

TO ARTICLES OF ORGANIZATION OF

Blue Panda 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 02/14/2020	and assigned
Florida document number L20000051820	

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Shelby & Bailey LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
-		
Enter new mailing address, if applicable: _	<u>2:</u>	
(Mailing address MAY BE A POST OFFICE BOX)	~	

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

Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	Ciŋ:	Zıp 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, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

April 10 Dated	2020	
	Signature of a member or authorized representative of a member	
Jason Turper		
<u>V</u>	Typed or printed name of signee	