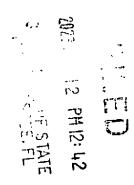
L20000093859

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
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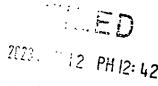
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eun 112	1791	Schlager S				
SUBJEC	.1:		Name of Lin	nited Liability Company		
The enclo	ised A	aticles of .	Amendment and fee(s) are sub	omitted for filing.		
Please re	turn al	l correspo	ndence concerning this matter	to the following:		
				Maximillian Lautenschl	lager	
				Name of Person		
				Schlager Shell LLC		
				Firm/Company		
				2175 9th St		
			·	Address	.	
				Sarasota, FL 34237		
				City/State and Zip Code		
				max@schlagershell.com		
			E-mail address: (to be used for future annual	report notification)	
For furthe	er info	rmation co	oncerning this matter, please c	all:		
Maxi	millia	Name of Person Schlager Shell LLC Firm/Company 2175 9th St Address				
		Name of	Person	Area Code	Daytime Teleph	one Number
Enclosed	is a cl	neck for th	e following amount:			
■ \$25.0	no Fili	ng Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is en		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ng Address		Street A		
	_	stration S	section orporations	_	ration Section on of Corporation	nus
		Box 632	•		entre of Tallaha	
•	Talla	hassee, F	FL 32314	2415 N	. Monroe Stree	t, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Schlager 5			
(<u>Name of the Limited Liability Comp.</u> (A Florida Limited	any as it now appears Liability Company)	on our records.) , f.	STATE
The Articles of Organization for this Limited Liability Company Florida document number 1.20000093859	were filed on	3/31/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liah	oility company he	<u>re</u> :	
The new name must be distinguishable and contain the words "Limited Liabi			
Enter new principal offices address, if applicable:	2175	9th St	37
(Principal office address MUST BE A STREET ADDRESS)	Savusota	FL3422	37
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the na</u>	ame of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da street address	
	1.461 1 1011	CONTRACTOR CONTRACTOR	
		, Florida	
 	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 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
AMBR	Paul Lautenschlager	1810 Shelburne Lane	■Add
		Sarasota, FL 34231	[]Remove
			□Add
			□Remove
			□Change
			🗆 🗀 Add
			□Remove
			Change
			🗀 Add
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Filing Fee: \$25.00