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(Re	questor's Name)	
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	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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05/26/20--01034--008 **25.00



JUN 1 5 2020 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations

SHARELEV LLC
SUBJECT:

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ISAAC FRANCO

Name of Person

ISAAC FRANCO CPA

Firm/Company

25 SOUTHEAST SECOND AVE SUITE 407

Address

MIAMI, FL 33131

City/State and Zip Code

ISAAC@ISAACFRANCOCPA.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ISAAC FRANCO

Name of Person

305 371-9818 at (_____) Area Code Daytime Telephone Number

Area Code Daynine Teleph

Enclosed is a check for the 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 radditional copy is enclosed)

<u>Mailing Address:</u> 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

AR	TICLES OF AMENDMENT	
ART	FICLES OF ORGANIZATIO	N 🗄 💈
	OF	
		22
SHARELEV LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears on (A Florida Limited Liability Company)	(our records.) gen T O
The Articles of Organization for this Limited I	Liability Company were filed on MAY	13, 2020 and assigned
Florida document number 1.20000130328		_
This amendment is submitted to amend the fol	Howing:	
A. If amending name, <u>enter the new name o</u>	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STREE		
	<u></u>	
	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE		
ananing undress MAT DE ATOST OFFICE		
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our reco ess here:	rds, <u>enter the name of the new registered</u>
Name of New Registered Agent:	ARMELLE MESGUICH	
New Registered Office Address:		
<u></u>	Enter Florida :	treet address
		, Florida

(ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605. F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability mpany has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

. • •

<u>Title</u>	Name	Address	<u>Type of Action</u>
MGR	ARMELLE MESGUICH	1904 S OCEAN DR TS102 HALLANDALE BEACH	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) THE NAME OF THE REGISTERED AGENT AND MGR WERE ORIGINALLY MISSPELLED

E. Effective date, if other than the date of filing: MAY 13, 2020 (If an effective date is listed, the date must be __ (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

MAY 21 Dated	2020	
	1. j	
	Signature of a member or authorized representative of a member	
ISAAC FRANCO, CP.		
<u></u>	Typed or printed name of signee	