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COVER LETTER

Registration Section

TO:

Division of Cor	porations				
SUBJECT: SA	- Shay Glam Name of Lim	C. L. C			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	indence concerning this matter	to the following:			
	Bridgetta U	Name of Person			
		Firm/Company			
	8015 INTERNATIO	NAL DRIVE SUITE 506			
		Address			
	ORLANDO, FL. 328				
	bridgewilson	City/State and Zip Code QquAil • (on) to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please ca	all:			
Bridgette Name o	Wilson Person	at (<u>954</u>) <u>701-9</u> Area Code Daytim	2700 e Telephone Number		
Enclosed is a check for th	ne following amount:				
☐ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, l	FL 32314	2415 N. Monro	e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SA-Shay Clam LLC

(<u>Name of the Limited Liability)</u> (A Florida L	Comp. ny as it now appears on our records.) united Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>L7000014 1528</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limite <u>G0114 G1944 L.L.C</u> The new name must be distinguishable and contain the words "Limite	JUH 12
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE	80 15 INTERNATIONAL DRIVE, SUITE 506
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. Box 7542 Wesley Chapely FL 33545
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
	cidgetta Wilson
New Registered Office Address:	Enter Florida street address OR AND Florida 32819
(City Zip Code

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

Thereby 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. Thereby confirm that the limited liability company has been notified in writing of this change.

Hanging 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 or removed from our records</u>:

MGR =	Manager			
CAIDO -	المستنسب والمساو	3 1		

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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f an effecti <u>Note:</u> If t	date, if other than we date is listed, the date he date inserted in th 's effective date on the	e must be specific an tis block does not	nd cannot be prior to meet the applica	o date of filing or m ble statutory filing	(optiore than 90 days after g requirements, th	ional) r filing.) Pursuant to 60 is date will not be lis	5.0207 (ted as t
record sp d is filed.		ective date, but no	nt an effective tin	ne, at 12:01 a.m. c	on the earlier of: (I	o) The 90th day afte	er the
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Dated		> 1					
Dated	-5	Signature of a	I imember or author	rized representative	of a member		