

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : US CONTADOR INC  
Account Number : 120200000121  
Phone : (770)928-2700  
Fax Number : (988)772-8108

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
SHILLCOM LLC

Certificate of Status	0
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V SHILLCOM

AUG 13 2020

850-617-6381

8/13/2020 7:11:01 PM PAGE 1/001 Fax Server



August 13, 2020

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SHILLCOM LLC  
305 NW 104TH DR  
GAINSVILLE, FL 32606US

SUBJECT: SHILLCOM LLC  
REF: L20000150348

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden  
Regulatory Specialist II

FAX Aud. #: H20000275081  
Letter Number: 320A00015386

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHILL.COM 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 06/02/2020 and assigned  
Florida document number L20000150348

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3505 NW 104TH DR

GAINESVILLE, FL 32606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3505 NW 104TH DR

GAINESVILLE, FL 32606

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

Name of New Registered Agent: CONTADOR RA LLC

New Registered Office Address: 6200 METROWEST BLVD STE 201-D

*Enter Florida street address*

ORLANDO

Florida 32835

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	VALENZUELA CANDIALES, GUSTAVO	3505 NW 104TH DR	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	GONZALEZ, LUIS E	3505 NW 104TH DR	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ANDREANI TORO, MARCO A	3505 NW 104TH DR	<input type="checkbox"/> Add
		GAINESVILLE, FL 32606	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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**D. If amending any other information, enter change(s) here:** *(attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

**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.

Dated AUGUST, 7TH 2020

Signature of a member or authorized representative of a member

MARCO A ANDREANI TORO

Typed or printed name of signee

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