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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corp	orations		
SHRJECT: /	CARIF CRUG	SHERS LLC.	
	CABLE CRYS	nited Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	MAR	K MUFRS	20:
		K MyE25 Name of Person	3 7
	CABL	Firm/Company	2023 JUN 23 PH 2: 36
	4425	PRINCE HALL BIVD	PH 2: 3
		Address	्रास्तु ४४
	ORL,	ANDO, FL 32811 City/State and Zip Code	
	ABOUNDIS E-mail address: (	NGSERVICES (S SMGI). to be used for future annual report noti	C6M (fication)
For further information co	ncerning this matter, please c	all:	
MAIRK Name of	MYERS Person	at (407) 443-4 Area Code Daytim	HO70 Te Telephone Number
Enclosed is a check for the	following amount:		
♥ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Se		Street Address: Registration Se	ction
Division of Co		Division of Cor	
P.O. Box 6327		The Centre of T	allahassee
Tallahassee, Fl	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	SHEKS LLC.
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)
lorida document number <u>L20000164483</u>	mpany were filed on $\frac{6/15/2020}{}$ and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limite	
ABOUNDING SCRVICES !	d Liability Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	SSS ORLANDO, FL 32811
Principal office address MUST BE A STREET ADDRE	SS) ORLANDO, FL 3281)
nter new mailing address, if applicable:	
Aailing address MAY BE A POST OFFICE BOX)	
	17
	$\omega$ .
	office address on our records, enter the name of the new regist
gent and/or the new registered office address here:	
Name of New Registered Agent:	
New Registered Office Address:	
-	Enter Florida street address
	Florida
	, Florida

## 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

	€.7	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address		Type of Action
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				_ 🗆 Remove
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fective date, if other than the date of filing:	(optio	nal)	
n effective date is listed, the date must be specific and cannot be prior to date te: If the date inserted in this block does not meet the applicable st	of filing or more than 90 days after:	filing.) Pursuant t	o 605
cument's effective date on the Department of State's records.	actions in the requirements, this	date will not be	. 1134
excord specifies a delayed effective date, but not an effective time, at is filed.	12:01 a.m. on the earlier of: (b)	The 90th day	afte
<u>.</u>			
oted 06/12 2023.  Maik My.  Signature of a member or authorized re			
16:1-11, -			

Filing Fee: \$25.00