## LZO 000 182160

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## **COVER LETTER**

TO:

TO: Registration S Division of Co					
SHASIT L	LC	•			
SUBJECT:		nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	HELLIO JEAN				
		Name of Person			
	SHASIT LLC				
		Firm/Company			
	10980 NW 14TH AVENU	JE H102			
		Address			
	MIAMI, FL 33167				
	<del></del>	City/State and Zip Code			
	JEANHELLIO@GMAIL.C				
	E-mail address: (	to be used for future annual report no	tification)		
For further information (	concerning this matter, please c	all:			
HELLIO JEAN		786 246-6207			
Name o	of Person		ne Telephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:  Registration Section		<u>Street Address:</u> Registration Se	ection		
Registration Section Division of Corporations		Division of Co	Division of Corporations		
P.O. Box 632		The Centre of			
Tallahassee,	FL 32314	2415 N. Monro	oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHASIT LLC

company has been notified in writing of this change.

(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  $\frac{06/29/2020}{1}$ and assigned Florida document number L20000182160 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address 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

\_\_\_\_\_

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	HELLIO JEAN	10980 NW 14TH AVENUE H102	<b>\exists</b> Add
		MIAMI, FL 33167	□Remove
			Change
MGR	SHERLY JEAN	10980 NW 14TH AVENUE H102	
		MIAMI, FL 33167	=Remove
			□ Change
			2020 DEC Remove
			□Remove
			□Change
			□Add
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ecord specifies a delagis filed.	yed effective date, bi	ut not an effective tii	me, at 12:01 a.m. of	the earlier of: (b)	The 90th day a	fter th
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	Clause .					