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COVER LETTER

TO:

TO: Registration Se Division of Cor				
Sh solution:	s LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	George Lewis			
		Name of Person		-
	Sh solutions			
		Firm/Company		_
	1012 White House Blvd			2933
	-	Address		7673 EXY = 2 : : -
	Saint Augustine florida 32	084		100
		City/State and Zip Code		- Fi : 25
	Shsolutionsst.aug@gmail.c	om to be used for future annual report noti	fication)	∴ 2
For further information c	oncerning this matter, please c	·		n o
George Lewis		904 6154833		
Name o	f Person	at () Area Code Daytim	e Telephone Numbe	er
Enclosed is a check for th	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifie	ate of Status &
Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Se Division of Con The Centre of T	porations Tallahassee	910
Tallahassee, 1	TU 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sh solutions LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) aability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 07/08/2020	and assigned
lorida document number 1.20000194311		
his amendment is submitted to amend the following:		
If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		**************************************
		<u>. ا</u>
		:
		-2
nter new mailing address, if applicable:		
Aailing address MAY BE A POST OFFICE BOX)		
		TE 8
		ייןט ניון
. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	ddress on our records, <u>enter the</u>	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Florid	
	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 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>	Address	Type of Action
AMBR	Ryan Kenton	550 Ruba Road St.Augustine fl 32086	€Add
			□Remove
			□Change
			□Add
			Remove EChange
			- <u>-</u> □Add · ·
			Remove
		·	□Change
			□Add
			□Remove
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Effective date, if other than the date of filing:					
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George Lewis Signature of a member or unforized representative of a member		ignature of a member of 10000	ined representative of a me	-	: ·

Typed or printed name of signee