

L20000196715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

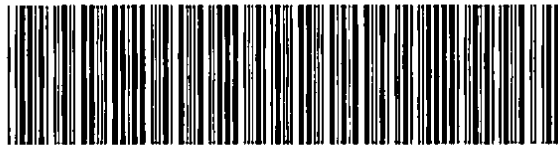
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 28 2020
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2020 SEP 28 PM 6:47

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NOV 04 2020

S. YOUNG

**Registration Section
Division of Corporations**

Shabubba, LLC

LECT: _____
Name of Limited Liability Company

enclosed Articles of Amendment and fee(s) are submitted for filing.

use return all correspondence concerning this matter to the following:

Victoria Kocken

Name of Person

Shabubha, LLC dba Movers & Shakers

Firm/Company

8600B East CR 466

Address

The Villages, FL 32162

City/State and Zip Code _____

ted.kocken@moversandshakersfl.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

I Kocken	352	350-6916
Name of Person	Area Code	Daytime Telephone Number

losed is a check for the following amount:

☐ \$25.00 Filing Fee
 ☒ \$30.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Shabubba, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2020 SEP 28 PM 6:47
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA

Articles of Organization for this Limited Liability Company were filed on July 09, 2020 and assigned

Florida document number L20000196715.

This amendment is submitted to amend the following:

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)

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

_____, **Florida**
City Zip Code

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

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

R = Manager

BR = Authorized Member

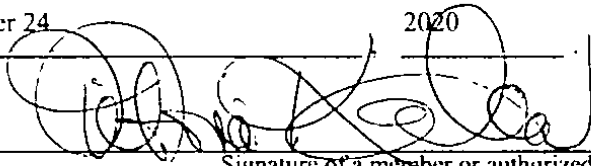
<u>E</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	Victoria E Koc	8600B East CR 466	<input type="checkbox"/> Add
		The Villages, FL 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	Movers & Shakers, LLC	8600B East CR 466	<input type="checkbox"/> Add
		The Villages, FL 32162	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	Victoria E. Kocken	8600B East CR 466	<input checked="" type="checkbox"/> Add
		The Villages, FL 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
BR	Verinick, Inc.	8600B East CR 466	<input checked="" type="checkbox"/> Add
		The Villages, FL 32162	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

Effective date, if other than the date of filing: 08/01/2020 (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
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.

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 document is filed.

Dated September 24, 2020


Signature of a member or authorized representative of a member

Victoria Kocken

Typed or printed name of signee