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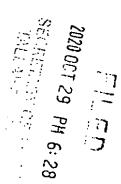
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## **COVER LETTER**

TO: Registration S Division of Co			
SHAW TI	RAINING AND CONSULTING	LD	
SUBJECT:	Name of Lim		
	Name of Lim	ited Etability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	STEPHEN F SHAW JR.		
		Name of Person	
	SHAW TRAINING AND	CONSULTING LLC	
		i-irm/Company	
	8870 GEORGETOWN LA	ANE	
	<del></del>	Address	
	BOYNTON BEACH FL		
	stephenfshaw@me.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual	report notification)
For further information	concerning this matter, please c	all:	
STEPHEN F SHAW JI	₹.	954 603	5-2837
Name	of Person	at ()	Daytime Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	© \$55.00 Filing Fee & Certified Copy caddinonal copy is enc	Certificate of Status &
Mailing Addr		Street Ac	
Registration	Section Corporations		ation Section n of Corporations
וט וגטופו עוכו	Corporations	DIVISIO	is the Conference of the Confe

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tullahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAW TRAINING AND CONSULTING 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 and assigned 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 abbygviation 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:

## 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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_, Florida \_

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	STEPHEN F SHAW JR.	8870 GEORGETOWN LANE	
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