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(Re	equestor's Name)	
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PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Section Division of Corpora				
-UBJEČT:	Shilbert Ca	mun LLC		
	Name of Linns	ed Elifofity Company		
The enclosed Articles of Ame	ndment and fee(s) are subm	uitted for filing		
Please return all corresponden	ce concerning this matter to	the following:		
	Shaune	He F. HIII	cert	
-		Firm/Company		
-	1645 Cart	110	NW	
-	Palm Ba	U FL 3X City/State and Zin Conv	707	
_	E-mail address: (to	anual re	nort notification)	
For further information conce	rning this matter, please cal	l:		
Shaunette Name of Pers	Hilbert	3. 31 C	160-241 Daytime Telephor	Q5 ne Number
Enclosed is a check for the fol	flowing amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy to enclo		\$60.00 Filing Fee. Certificate of Status &: Certificate of yellow (additional copy is enclosed)

Aniling Address: Division of Corporations P.O. Box 6327 Tailahassee, FL 32314

Street Address:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shilbert G	noop UC	2024 2772 24 - 277	<u>10: 2</u> 0
Game of the Limited Liability (A Florida Li	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L2000 230</u>	mpany were filed on _	8/03/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite HOUSE of Pounce The new name must be distinguishable and contain the words "Limited"	hILL		iation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRE)	<u></u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our i	records, <u>enter the name of</u>	the new registered
Time of New Registered Agent:			
New Registered Office Address:	Enter Flo	orida street address	
		Florida	Tin Code
	ïε.		X2 1 34e

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 incorpositions of all statutes relative to the proper and complete performance of my duties, and I am familiar with zeed 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

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

or remov	oved from our records:		
MGR =	Manager		

AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□Add
			Change
			Remove
			□ Add
			□Remove
			Change
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			Remove
			(] Change

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ecti	ve date, if other than the date of filing:
effe <u>te</u> :	ective 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 605.02 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be usted ent's effective date on the Department of State's records.
rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
he	90th day after the record is filed.
	7-01
ed	January 18 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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