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SEGRETADY OF STATE

A. BUTLER APR 1 1 2022

COVER LETTER

TO: Registration ! Division of Co			
	ng Oaks, LLC		
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles of	f Amendment and fec(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Gary Greenberg		
		Name of Person	
	Shimmering Oaks, LLC		
		Firm/Company	
	24 Sunset Drive		
		Address	
	Sebastian, FL 32958		
		City/State and Zip Code	
	garymg@gmail.com		
For further information	E-mail address: (concerning this matter, please e	to be used for future annual report no all:	ntication)
Judy Greenberg		352 871-1094	
Name	of Person	at () Area Code Dayti	me 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 (additional copy is enclosed)	□ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addr</u> Registration		Street Address: Registration S	ection
Division of	Corporations	Division of Co	orporations
P.O. Box 63 Tallahassee.		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shimmering Oaks, LLC	202	2 MAR 20
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	pany as it now appears on our reco	2 MAR 28 AM 10: 38
(A Florida Limited The Articles of Organization for this Limited Liability Compan Florida document number L20000251016 .	y were tiled on August 17, 202	RETARY OF STATEsigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "L	LC" 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	e address on our records, ent	er the name of the new register
agent and/or the new registered office address here: Name of New Registered Agent:	N/b	
New Registered Office Address:	Enter Florida street ada	ress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Meagan Vieren	15 Joyce Street	□Add
		Safety Harbor, FL 34695	■Remove
			☐ Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change
	·		□Add
			□Remove
			□Change
			□Add
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__ □Change

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