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COVER LETTER

	Registration Se Division of Cor			·			
	Shook Sele	ct Services, LLC					
SUBJECT: Name of Limited Liability Company							
The enclo	osed Articles of	Amendment and fec(s) are sub	omitted for filing.				
Please ret	urn all correspo	indence concerning this matter	to the following:				
		Sharon Martin					
		 -	Name of Person				
Firm/Company							
1020 Manor Drive							
			Address				
	Orlando FL 32807						
		slmartin72@hotmail.com	City/State and Zip Code				
		E-mail address: (to be used for future annual report notif	ication)			
For furthe	er information c	oncerning this matter, please c	all:				
Sharon M	lartin		407 764-7234				
Name of Person		at () Area Code Daytime	Telephone Number				
Enclosed	is a check for th	ne following amount:					
□ \$25.0	0 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 Addres	κ·	Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Professional Control of the Control

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**

FILED 2022 JAN 21 PH 12: 58

Shook Select Services

(Name of the Limited Liability Company as it now appears on our records. SECRETARY OF STATE (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on September 17, 2020 ___ and assigned Florida document number 1,20000292077 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 abbreviation "LLC." 1020 Manor Drive Enter new principal offices address, if applicable: Orlando, FL 32807 (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: Sharon Martin Name of New Registered Agent: 1020 Manor Drive New Registered Office Address: Enter Florida street address _, Florida 32807 Zin 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.

City

Orlando

Haron Martin
ing 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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sharon Martin	1020 Manor Drive	■Add
		Orlando, FL 32807	□Remove
-			Change
MGR David Shook	David Shook	7748 Waunatta Ct.	
		Winter Park, FL 32792	■Remove
			□Change
			Remove
			Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			_

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: _ (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. If the 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 record is filed. Dated January 17 Signature of a member or authorized representative of a member David Shook

Typed or printed name of signee