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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	
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## **COVER LETTER**

TO:	Registration Division of C				
SHRJI	ect.	Sherre	Linn	Entertain mich	+ LLC
50001		<del>.</del>	Name of Lim	ited Liability Company	
The en	closed Articles	of Amendment a	nd fee(s) are sub	mitted for filing.	
Please	return all corres	pondence concer	ning this matter	to the following:	
			4	extra Lynn Name of Person	Johnson
				Name of Person	<u> </u>
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		<del></del>	31 -2421O	Firm/Company	naga C
			L.c.		Do
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				11001233	
			Port-	City/State and Zip Code	FL 34987
			うれべにに E-mail address: (	to be used for future annual repo	ort notification)
For fur	rther information	n concerning this			
	<i>.</i>				Co.
	<u>کار الدر</u> مامان	(-101)	dinserd	at (721) Area Code I	Sixli - 15 lis
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94 32	15,00 Filling Pee		cate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Status &
	Mailing Add	ress:		Street Addr	ess:
	Registration	n Section		Registratio	on Section
	Division of P.O. Box 6	Corporations			f Corporations e of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheeri Lynn Johnson 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 10 22 202 and assigned
Florida document number <u>L 2 00 00 335639</u>
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 "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 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
City Florida Zip 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 Jumiliar 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 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	Sherri Lynn Johnson	10804 SW Elsinone Dr. 1 Pontst. Laie FL 34987	XAdd
		Portst. Laie FL 34987	, □Remove
			□Change
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If amendi	ig any other info	rmation, enter	change(s) he	re: (Attach add	ditional sheets,	f necessary.)	
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Effective	date, if other tha	n the date of fi	ling:			(optional)	
Note: If t	date, if other that the date is listed, the date the date inserted in a s effective date on	this block does no	ot meet the app	heable statutory	or more than 90 d filing requireme	nys after filing.) Pursints, this date will r	uant to 605.020 not be listed a
he record sp ord is filed.	ecifies a delayed e	ffective date, but	not an effective	e time, at 12:01 :	n.m. on the earlic	er of: (b) The 90th	h day after the
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Dated	<u> 13.</u>   3.	.}	_, <u>_,२ ८</u>	21.			
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			- ペプラ	4/11/			
		Signature o	of a member or a	uthorized represen	tative of a member		<del></del> _