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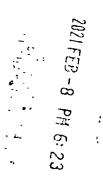
Office Use Only



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MAR 2 4 2021 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corpo	rations			
SUBJECT: Shanon Rayman, LLC Name of Limited Liability Company				
The enclosed Articles of An	nendment and fee(s) are submitted for filing.			
Please return all corresponde	ence concerning this matter to the following:			
	Shanon Michele Cohen- Name of Person			
	Firm/Company			
	2451 NE 135 Th St. Address			
	Address			
	NOAh MIGHMI, FL. 33181			
	Shannonvay nan 77 @ gmail.com E-mail address: (to be used for future annual report notification)			
For further information conc	erning this matter, please call:			
Shanon W Name of Pe	at (305) 525 5317 Area Code Daytime Telephone Number			
Enclosed is a check for the f	ollowing amount:			
▼ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)			

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

Street Address:
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

Shannon Rayn	nan, LLC	20
	is as it now appears on our records.	FE
The Articles of Organization for this Limited Liability Company of Florida document number <u>L2000342527</u> .  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company of the liability company of t		0 → 0 and assigned  Prof. 23
The new name must be distinguishable and contain the words "Limited Liabili	ty 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)	6191 Park Lake Worth,	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2451 NE North Miaini It	135th St FL 33181
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<u> </u>
	Flor	
	City	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 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.

If Changing Registered Agent, Signature of New Registered Agent

Michan

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
		<del></del>	□Add
			□Remove
			Change
			□Add
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		□Remove	
			□Change

Effective date, if other than the date of filing:  2/1/202-1  (optional)  (optional)  (optional)  (optional)  (optional)  Note: If the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Parsuant to 605.0207.  Note: If the date mested in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records.  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 not is filed.  Dated  February 1. 2021  Signature of a member or authorized representative of a member  Signature of a member or authorized representative of a member  Signature of a promed name of spece.		ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Dated February 1. 2021.  Signature of a member or authorized representative of a member	docur	nent's effective date on the Department of State's records.
Dated February 1. 2021.  Machine  Signature of a member or authorized representative of a member  Shannon Michael Cohen		, , , , , , , , , , , , , , , , , , ,
Signature of a member or authorized representative of a member  Shumm Michaele Cohen	Dated	February 1. 2021
Signature of a member or authorized representative of a member  Shuimm Mirhale Cohan		Machen
Shannon Michaele Cohen		Signature of a member or authorized representative of a member
		State and Total Colors

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