L20000353920

| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------|
| (Ad | idress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | me) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

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| TO: Registration Se Division of Cor | | |
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| SUALIN | Jans IIC | |
| SUBJECT: SHAUN | Name of Lim | nited Liability Company |
| | | |
| The enclosed Articles of . | Amendment and fee(s) are sub | omitted for filing. |
| Please return all correspo | ndence concerning this matter | to the following: |
| | | |
| | SHAUNA | M. MUIR |
| | | M. MUIR Name of Person |
| | SHAUNIAII | S 11C |
| | DIMUNAIL | S, LLC Firm/Company |
| | | |
| | <u>6018 FON</u> | NG PEAK DRIVE |
| | | Address |
| | ORLANDO | FLORIDA 32810 City/State and Zip Code |
| | | |
| | | UNA @ GMA(L.COM (to be used for future annual report notification) |
| The first of information of | | • |
| roi furtier information et | oncerning this matter, please c | att. |
| SHAUNA M | M. MUIR | at (407) 558-5197 Area Code Daytime Telephone Number |
| Name of | Person | Area Code Daytime Telephone Number |
| | | |
| Enclosed is a check for th | e following amount: | |
| № \$25.00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ Certified Copy (additional copy is enclosed) |
| Mailing Address Registration S | | Street Address: Registration Section |
| Division of Co | | Division of Corporations |
| P.O. Box 632 | 7 | The Centre of Tallahassee |
| Tallahassee, F | 1_ 32314 | 2415 N. Monroe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| SHAUNAILS, I | |
|--|---|
| (<u>Name of the Limited Liability Co</u> (A Florida Limi | impany as it now appears on our records.) ited Liability Company) |
| The Articles of Organization for this Limited Liability Comp | pany were filed on 11/09 2020 and assigned |
| lorida document number <u>L2000353920</u> | |
| his amendment is submitted to amend the following: | |
| . If amending name, enter the new name of the limited | liability company here: |
| | |
| he new name must be distinguishable and contain the words "Limited I | iability Company," the designation "LLC" or the abbreviation "L.L.C." |
| Inter new principal offices address, if applicable: | |
| • • • | |
| Principal office address MUST BE A STREET ADDRESS | <u> </u> |
| | |
| | |
| nter new mailing address, if applicable: | |
| Mailing address MAY BE A POST OFFICE BOX) | |
| | |
| | |
| . If amending the registered agent and/or registered offi | ice address on our records, enter the name of the new regist |
| gent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| Name Descriptional Offices Addresses | |
| New Registered Office Address: | Enter Florida street address |
| | Plantin |
| | , Florida |

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

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 | |
|--------|------------|---|
| AMRR = | Authorized | ň |

AMBR = Authorized Member



| <u>Title</u> | <u>Name</u> | 2021 JA | <u> </u> | Type of Action |
|--------------|---------------|----------|------------------------|----------------|
| MGR | SHAUNA M. MUI | <u>.</u> | ORLANDO, FLORIDA 32810 | _ readd |
| | | | | □Remove |
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| | | | Signature of a member or authorized re | presentative of a member |