LZ1 00000793L

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
<u> </u>
PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

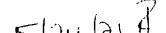




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COVER LETTER

	gistration Se vision of Cor			
SHR IFCT.		LOVE, LLC		
SUBJECT.	·		ited Liability Company	
The enclosed	d Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		CANDONE WHARTON		
			Name of Person	
		CANDONE WHARTON	SCULPTURAL CERAMICS	
			Firm/Company	
		4004 ORIOLE AVE		
		·= (//// · · · ·	Address	
		PORT ORANGE, FL 321	27	
			City/State and Zip Code	
		IBZ27@AOL.COM	_	
		E-mail address: ()	to be used for future annual report noti	ification)
For further in	nformation co	oncerning this matter, please ca	all:	
CANDONE	WHARTON		407 687 8555 at ()	
	Name of	Person	Area Code Daytim	ne Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	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 Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

any as it now appears on our records.) Liability Company)	
were filed on 12/29/2020	and assigned
pility company here:	
lity Company," the designation "LLC" or th	e abbreviation "L.L.C."
4004 ORIOLE AVE.	
PORT ORANGE, FL 32127	
address on our records, enter the n	ame of the new regist
	1
Fnier Florida street address	ය. ප <u>ු</u>
	~ <u>5</u> .
, Florida	Ziv Code
	PORT ORANGE, FL 32127 address on our records, enter the nate of the street address Enter Florida street address , 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	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		, <u></u>	□Remove
			□Change
	 		□ Add
			□ Remove
			□Change
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Remove
			☐ Change
			□Add
			□ Remove
			Change

Page 2 of 3

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	· · · · · · · · · · · · · · · · · · ·
(If an o	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	d <u>04/04/2021</u> .
	Man
	Signature of a member or authorized representative of a member

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