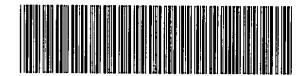
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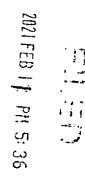
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(Add	Iress)	
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(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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. (Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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Office Use Only



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APR 0 1 2021 S. YOUNG

COVER LETTER

FO: Registration Section Division of Corporations	
SUBJECT: Shepira Globe Name of Li	mited Liability Company
The enclosed Articles of Amendment and fee(s) are st	
Please return all correspondence concerning this matter	er to the following:
<u>Costig</u>	Name of Person
	Firm Company
251	8 Burnsed Blud #165
The V	illages F132163 City/State and Zip Code
Shepiragle E-mail address	s: (to be used for future annual report notification)
For further information concerning this matter, please	e call:
Costigan Jones Name of Person	at (<u>352)</u> 461-7031 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status	\$555.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations

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

The Articles of Organization for this Limited Liability Company were filed on 🗸 🔘 Florida document number <u>42 (000 18033</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." 2518 Burnsed Blvd F 165 Enter new principal offices address, if applicable: The Villages, F132163 Principal office address MUST BE A STREET ADDRESS) 2518 Burnsed Blud # 165 Enter new mailing address, if applicable: The Uillages F 1 32/63 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 igent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

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

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>	Name	<u>Address</u>	Type of Action
26	Tony L Jones Sr.	10175 CR 229	≭ \dd
	,	10175 CR 229 OxFord, F134484	□Remove
			🗆 Add
			□Remove
			□Change
			□Remove
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			□Add
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ecord specifies a c is filed.	delayed offective date	, but not an effect	tive time, at 12:01 :	i.m. on the earlier of	: (b) The 90th day	after the
ited Feb	0		21.			
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	N. P. W.	ture of a member o	r and rottzed represent	ative of a member		_