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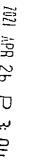
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COVER LETTER

TO: Registration Section Division of Corporation			
SUBJECT: Shoo	Wast Ma	ionin LLC	
<u> </u>	Name of Limi	ited Liability Company	
The enclosed Articles of An	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	ence concerning this matter	to the following:	
		ing Saler	
		Name of Person	
		Firm/Company	<u></u>
	325R	N Rossie DL	
		Address	·
	Hornan	City/State and Zip Code	-
	doma	Chips and ship code	·(an
·		o be used for future annual report notif	
For further information conc	erning this matter, please ca	alt:	
Dana S	Sayer	at (407) 219 -	-1798
Name of Pe	rson J	Area Code Daytime	: Telephone Number
Enclosed is a check for the f	allowing amount		
	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Eiling Egg
ps 325.00 timig rec	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
			`.
Mailing Address: Registration Sec Division of Corp P.O. Box 6327 Tallahassee, FL	porations	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	porations allahassee Street, Suite 810 D

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited I	Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L210000000376</u>	were filed on FEDNICIN 5, 2021 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	3358 N. Bonnie Pt.		
(Principal office address MUST BE A STREET ADDRESS)	ternando, Fronda		
Enter new mailing address, if applicable:	P.O. BOX 181		
(Mailing address MAY BE A POST OFFICE BOX)	Hoder, FL 3441		
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:	iddress on our records, <u>enter the name of the new registered</u>		
New Registered Office Address:			
Tregistered office readiess.	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete procept the obligations of my position as registered agent as properties to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address. I hereby confirm that the limited liability.		
If Chan	ging 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
			□Remove
			□Change
			□Add
			Remove
			□ Change
			
			□Remove
			□Change
			□ Add
			□Remove
			Change
			P DAdd
			D i7 <u>S</u> □ Remove Ot
			<i>O</i> □Change
			□Add
			□Remove
			□ Chanca

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
_	<u> </u>	
-		
Effective	date, if other than the date of filing:(optional)	
lf an effect Note: If	ive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207
documen	t's effective date on the Department of State's records.	as
	26	
e record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the	36
rd is filed		i.c
	· · · · · · · · · · · · · · · · · · ·	
Dated 🕹	toni 20 2021	
	Sunature of a member or authorized representative of a member	
	Com Sand	
	Pyped or printed name of signee	