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COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: Short Croto Name of Limite	d Liability Company
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.
Please return all correspondence concerning this matter to	the following:
Laura	Name of Person
Suite 135 Sunt Jony Shotuele V	Firm/Company Address City/State and 2/p Code be used for future annual report notification)
For further information concerning this matter, please call	l:
LAWA WILLAMS Name of Person	at (A) BLIT-LOGK Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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 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

Company as it now appears on our records.)
Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number 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." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office 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 famillar 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

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If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

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
AMBR	RemaraTukes	55 Baitram Mark	et and
	•	Drive Suffe 135,33	
		Saint Johns, Ma 3228	☐ □Change
			□Add
			□Remove
			□ Change
			□ Remove
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			Remove
			□ Change

1 Laura Williams	Would	like	40	
as a owner of	Shote	relek	ing L	L
				
				
				
Tective date, if other than the date of filing:		(on	tional)	
an effective date is listed, the date must be specific and cannot be prior	r to date of filing or n cable statutory filin	nore than 90 days aft	tional) ler filing.) Pursuant his date will not b	to 605.0207 be listed as
an effective date is listed, the date must be specific and cannot be prior of the date inserted in this block does not meet the applic beament's effective date on the Department of State's records record specifies a delayed effective date, but not an effective to	cable statutory filir s.	nore than 90 days aft ag requirements, th	ter filing.) Pursuant his date will not h	e listed as
an effective date is listed, the date must be specific and cannot be prior one: If the date inserted in this block does not meet the application of the date inserted in the Department of State's records record specifies a delayed effective date, but not an effective this filed.	cable statutory filir s.	nore than 90 days aft ag requirements, th	ter filing.) Pursuant his date will not he	e listed as
Tective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior ote: If the date inserted in this block does not meet the applic becoment's effective date on the Department of State's records record specifies a delayed effective date, but not an effective t is filed. Signature of a member or auth	cable statutory filings. ime, at 12:01 a.m.	nore than 90 days affing requirements, the control of the carlier of:	ter filing.) Pursuant his date will not be the	e listed as

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)