k210001Z6609

(Req	uestor's Name)	
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TO:

P.O. Box 6327

Tallahassee, FL 32314

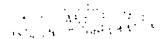
TO: Registration S Division of Co			
Shelley Sn	nith, LLC		¥
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Shirley Smith		
		Name of Person	
	Shelley Smith, LLC		
		Firm/Company	
	1230 S. Atlantic Ave		
		Address	.
	Cocoa Beach, FL 32931		
		City/State and Zip Code	
	shirleyshell1980@gmail.co		7
For further information	E-mail address: (concerning this matter, please c	to be used for future annual report notificall:	cation)
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 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)
<u>Mailing Addre</u> Registration	Section	Street Address: Registration Sect	
Division of (Corporations	Division of Corp	orations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



Shelleu	Smith UC	21 MAY 14 PM 2: 23
(Name of the Limited L.	ability Company as it now appears on out lorida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liabil Florida document number $\frac{1.21000126609}{1.000126609}$	ity Company were filed on 3/17/21	and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation	on "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	::	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u> </u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he		, <u>enter the name of the new registere</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	et address
		. Florida
-	City	Zip Code
New Registered Agent's Signature, if changing Regis	stered 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		Address 21 HAY 14 PM 2: 23 Type of Action		
<u>Title</u>	<u>Name</u>	Address	21 HAY 14 PH 2: 23	Type of Action
MGR	Shirley Smith	1230 S. Atlantic Avo		=
		Cocoa Beach, FL 32	931	□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
				□Remove
				□Change
				□Add
			<u> </u>	□Remove
		 		□ Change
				□Add
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				□ Change
				□Add
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				□Change

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			21 HAY 14	PM 2: 23
				
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ive date, if other than the date of fective date is listed, the date must be spec- If the date inserted in this block doc- tent's effective date on the Departme	cific and cannot be prior to es not meet the applicab	date of filing or more le statutory filing re	(optional) than 90 days after filing equirements, this date) Pursuant to 605.0
rd specifies a delayed effective date, led.	but not an effective time	e, at 12:01 a.m. on t	the earlier of: (b) 11	e 90th day after
May 6	. 2021	-·		
Kignati	ure of a member or authori	zed representative of	a member	