## 121000216889

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
P (%2)	. WAIT MAIL
	(Business Entity Name)
	(Document Number)
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## COVER LETTER

TO: Registration Se Division of Cor					
Snangalan	ng LLC				
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Brittany Starling				
		Name of Person			
	Shangalang L L C				
		Firm/Company			
	2171 WILMINGTON ST				
		Address			
	OPA LOCKA, FL 33054				
		City/State and Zip Code			
	BRITTANYSTARLING13	_			
		to be used for future annual rep	port notification)		
For further information c	oncerning this matter, please c	all:			
BRITTANY STARLING	•	786 397-			
Name o	! Person	Area Code	Daytime Telephone Number		
Enclosed is a check for the	he following amount:				
□ \$25.00 Filing Fee	(1) \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Fiting Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &		
Mailing Addres		Street Add			
Registration Section Division of Corporations		<del>-</del>	on Section of Corporations		
P.O. Box 6327		The Centi	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. N	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO TO ARTICLES OF ORGANIZATION OF

SHANGALANG

(Name of the Limited Liability Company as it now appears on our recor-(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 05/10/2021	and assigned
Florida document number L21000216889		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
SHANGALANG LLC		
The new name must be distinguishable and contain the words "Limited Liab	ility 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)		
Patent was madient address. (Capplicable)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter t</u>	he name of the new registered
Name of New Registered Agent:		<del></del>
New Registered Office Address:		
. ten inggraded context, television	Enter Florida street address	
	Flo	rida
	City	Zip Code

## 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. Thereby 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
MGR	BRITTANY STARLING	2171 WILMINGTON ST, OPA LOCKA FL 33054	
			□Remove
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D. If amending any other inform	ation, enter change(	s) here: (Atta	ch additional shee	as, if necessary.)	
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E. Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot block does not meet the	be prior to date of applicable stat	f tiling or more than 9	(optional) 0 days after filing.) Purs ments. this date will r	uant to 605.0207 (3)(1) not be listed as the
If the record specifies a delayed effect record is filed	ive date, but not an effe	ective time, at 12	2:01 a.m. on the ea	rlier of: (b) The 90th	h day after the
Dated	202	1		_	
	Paller 		Verified by PDF 9571772321	Tiller	
- <del> </del>	Signature of a member	or authorized rep	resentative of a mem	her	
Bottany Starling					
	Tened	or printed name o	of signee		
		,	- C		

Filing Fee: \$25.00