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COVER LETTER

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CUDIECT	SHAP FUN	DERS, LLC		
SUBJECT	·	Name of Lim	ited Liability Company	· · · · · · · · · · · · · · · · · · ·
·				
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ndence concerning this matter	to the following:	
		STEVEN SHAPIRO		
			Name of Person	
		SHAP FUNDERS, LLC		
			Firm/Company	
		11686 MAIDSTONE DRI	VE	
			Address	
		WELLINGTON, FL 33414	4	
			City/State and Zip Code	
		STEVEN@SHAPIROPER		
		E-mail address: (to be used for future annual report not	ification)
For further	information c	oncerning this matter, please c	all:	
STEVEN S	SHAPIRO		561 7935852 at ()	
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is	s a check for th	ne 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)
\overline{R}	ailing Addres egistration S ivision of C	Section	Street Address: Registration Se Division of Co	
	O. Box 632		The Centre of	•

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHAP FUNDERS, LLC		
(Name of the Limited Lia (A Flo	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit Florida document number L21000234316	ty Company were filed on MAY 19, 2021	and assigned
This amendment is submitted to amend the following	g:	
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 th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	ODRESS)	
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registence agent and/or the new registered office address here		ame of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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. I hereby confirm that the limited liability 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
MGR	LORI WEIL	3809 ROCK CREEK TRAIL	
		BIRMINGHAM, AL 35223	■Remove
			Change
AMBR	DS MEGA, LP	3809 ROCK CREEK TRAIL	
		BIRMINGHAM, AL 35223	□Remove
			□Change
			□ Add
			□Remove
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in effective date ote: If the da	, if other than the is listed, the date me te inserted in this lective date on the	ust be specific an block does not:	d cannot be prior to meet the applicat	date of filing or mole statutory filin	ore than 90 days after	cional) er filing.) Pursuant to 605.020 his date will not be listed a
				ie, at 12:01 a.m.	on the earlier of: ((b) The 90th day after the
is filed.						
MAV 2	j 		, 2021	_ •	ı	`
MAV 2	3		, 2021 /	M -	1	\
is filed. MAY 25		Signature of a	, 2021	Ad representative	of a member	99 99 99