L21000293835

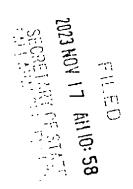
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Special Instructions to Filing Officer				
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COVER LETTER

FIFTY SH.	ADES DESIGN LLC		
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	OLESEA VILHELMSON	S	
		Name of Person	
		Firm/Company	
	2000 MATROPICA WAY		
		Address	
	SUNRISE, FL 33323		
		City/State and Zip Code	
	V.ALESJA@GMAIL.COM		
	E-mail address: (to be used for future annual report notif	fication)
For further information o	concerning this matter, please co	all:	
OLESEA VILHELMSONS		718 954-0690 at ()	
Name o	of Person	Area Code Daytime	e Telephone Number
Enclosed is a check for t	he 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)

Registration Section

Division of Corporations

TO:

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 ANIL. TO ARTICLES OF ORGANIZATIONONS OF

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

The Articles of Organization for this Limited Liability Com-	npany were filed on 06/24/2021	and assigned	
Florida document number L21000293835			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company here:		
SHADE NUMBER 7 LLC			
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LI	C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u></u>		

Enter new mailing address, if applicable:	**************************************		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered or	ffice address on our records, ente	er the name of the new register	
agent and/or the new registered office address here:			
Name of New Pagistered Agents			
Name of New Registered Agent:			
New Registered Office Address:	F . Fl .1		
	Enter Florida street address		
	/	Florida	
	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, 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 adde 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
		, -	□Add
			□Remove
			□Change
			□ Add
			□Remove
			☐ Change
	A		□Add
			□ Remove
			☐ Change
······································			□Add
			□ Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: __ (If an effective 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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated NOVEMBER 7 2023 Signature of a member or authorized representative of a member **OLESEA VILHELMSONS**

Typed or printed name of signee