## 121000 326075

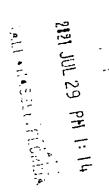
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800370369128

07/29/21--01017--015 \*+25.00



## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	75 Shifters 11c. Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Nickson &	Name of Person	
	95Shifte	Firm/Company	
	430 NW	42nd Court	<del></del>
		h H 33064 City/State and Zip Code	
	43 M. Her 400 E-mail address:	mail.com To be used for future annual report not	ification)
For further information c	oncerning this matter, please ca	all:	
Nickson Emn Name o	(Person	at ( <u>954</u> ) <u>549 - S</u> Area Code Daytin	5925 ne Telephone Number
Enclosed is a check for th	ne following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55,00 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

95 Shifter IIc.	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Compan	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $\frac{L21000316075}{L21000316075}$ .	July 17, 2021 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	<u>here</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the	ne 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)	221
	· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered office address on ou agent and/or the new registered office address here:	r records, enter the name of the new registere
Name of New Registered Agent:	
New Registered Office Address:  Enter 1	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 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>	<u>Address</u>	Type of Action
MBR	Nickson Emmanuel	420 NW 42 2004 famparo, F1 33064	î <b>⊵∕</b> Add
		famparo, F1 33064	□Remove
			□Change
AMBR	Leico Noel	420 NW 42rd court Pompano, Fl 33064	🗆 Add
		Pomparo, Fl 33064	□Remove
			(VChange
			2821 Add
		**************************************	Remove
		· · · · · · · · · · · · · · · · · · ·	P EChange
			□Add
			□Remove
			🗀 Change
			□Add
			□Remove
			□Change
<del></del>			□Add
			□ Remove
			□Change

			<del></del>		<del></del>
		_			
	<del></del>	<del></del>			
				,7-	27 21
				, 	نت. پیپ
					2
	<del>.</del>			· · · · · · · · · · · · · · · · · · ·	29
					<u> </u>
				7.CR	. :
				<u> </u>	· +
				<del> </del>	
		•			
					<del></del>
fective date, if other than the	date of filing:			_ (optional)	
an effective date is listed, the date must ote: If the date inserted in this bl	st be specific and cannot be	prior to date of fil	ing or more than 90 d	ays after filing.) l	
ocument's effective date on the D			iy inng requireme	The date of	,
record specifies a delayed effective					90th day after the
is filed.					
	<i>4</i>				
ned July 215	<u> 2011</u>	•			
ated July 215  Nick	doll.		entative of a members		