## L21000384107

(Re	equestor's Name)	
(Ác	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	usiness Entity Nar	ne)
(Dc	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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		Call

Office Use Only



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LLC amend

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TILED 2022 JUL 28 AH 8:

A. RAMSEY JUL 2 9 2022



May 26, 2022

CAROL L ORTZ 6965 PIAZZA GRANDE AVE ORLANDO, FL 32835 US

SUBJECT: SHEAR KINGDOM LOFT LLC

Ref. Number: L21000384107

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

YOU CANNOT HAVE TWO REGISTERED AGENTS , PLEASE ONLY CHOOSE ONE.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00012038

Jasmine N Horne Regulatory Specialist II

www.sunbiz.org

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## **COVER LETTER**

TO: Registration Se Division of Cor			
Shear King	dom Loft LLC		
SUBJECT:	Name of Lin	nited 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:	
	Carol Lynette Ortiz		
	_	Name of Person	
	Shear Kingdom Loft LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	6832 Mill Stream Rd		
		Address	
	Ocoee, Fl. 34761		
		City/State and Zip Code	
	realtorlynette3@gmail.com E-mail address: (	to be used for future annual report not	(fication)
For further information c	oncerning this matter, please c	-	
Carol Lynette Ortiz		407 948-9621	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S	Section	Street Address: Registration Sec	
Division of C	orporations	Division of Cor	porations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shear Kingdom Loft LLC

2022 JUL 28 AM 8: 11

(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 Company were filed on  $\frac{8-27-21}{1}$ \_\_\_\_\_ and assigned This amendment is submitted to amend the following: 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 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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>	Name	Address	Type of Action
MGR	Carol Lynette Ortiz	6832 Mill Stream Rd, Ococe, Fl. 34761	<b>≡</b> Add
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Effective date, if other than the date is listed, the date must be Note: If the date inserted in this bloc document's effective date on the Dep	e specific and cannot be prior to k does not meet the applical	o date of filing or more than 9	(optional) 00 days after filing.) Pursuant ements, this date will not b	to 605.0207 ( oc listed as t
e record specifies a delayed effective ord is filed.	date, but not an effective tim	ne, at 12:01 a.m. on the ca	arlier of: (b) The 90th day	y after the
Dated July 28th,	2022			
	A	_		
	and the same of th			
	gnature of a member or author	ized representative of a mon	iber	_