Division of Corporations Electronic Filing Cover Sheet

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(((H240000326893)))



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ie:

Division of Corporations

Fax Number : (858)617-6381

From:

Account Name : BAKER & HOSTETLER LIP

Account Number : 11999000077 : (407)649-4016 Phone Fax Murber : (407)841-016R REFASSING BOGOSIENT PER LIN BATED 1-25-24

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:americancleanersorlandoffgmail.com

#### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAK OF LAKE MARY LLC

Certificate of Status	0
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Page Count	04
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Help

1/26/2024 12:51:22 PM

## Spencer, Donna

BakerHostetler

Page 3

**COVER LETTER** 

ma			1	H24000032689
	stration Section of Corp			· · · ·
Supiror	Shak of Lak	te Mary, LLC		
SUBJECT: _	<del></del>	Name of Lim	ited Liability Company	•
The enclosed	Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return a	all correspo	ndence concerning this matter	to the following:	
		Keith Durkin		
			Name of Person	<del></del>
		Baker & Hostetler, LLP		
			Firm/Company	<del></del>
		200 South Orange Avenue,	, Suite 2200	
			Address	<del> </del>
		Orlando, Florida 32801		
			City/State and Zip Code	
		lshakarji@gmail.com  E-mail address: ()	to be used for future annual report notifice	ulion)
For further inf	formation co	oncerning this matter, please ca		,
Keith Durkin			407 649-4005	
		f Person	at ()	elephone Number
	rume o	11000	, and code Bayline i	orephono (vanige)
Enclosed is a	check for th	e following amount:		
<b>≡</b> \$25.00 Fi	ling 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)
	ing Addres istration S		<u>Street Address:</u> Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

1/26/2024 12:51:24 PM

#### Spencer, Donna

BakerHostetler

Page 4

### ARTICLES OF AMENDMENT TO

H24000032689 3

# ARTICLES OF ORGANIZATION OF

Shak of Lake Mary, LLC		
(Name of the Limited Liability Come (A Florida Limited	oany as it now appears on our records.)  a Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on <u>09/07/2021</u>	and assigned
Florida document number 1.21000400297		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility 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 agent and/or the new registered office address here:	e address on our records, <u>enter the</u>	name of the new registe
Name of New Registered Agent:	<del> </del>	20 F
New Registered Office Address:	Enter Florida street address	THE PUT
<del></del>	, Florid	Zip Fode

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

1/26/2024 12:51:26 PM	Spencer, Donna	BakerHostetler	Page 5
If amending Authorized Person(s) aut	horized to manage, enter the tit	le, name, and address of each pe	rson being addec
or removed from our records:		H240	000032689 3

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	John Shakarji	616 N. Bumby Avenue	⊡Add
		Orlando, Florida 32803	■Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□Change

H24000032689 3

H24000032689 3

Tective date, if other than the date of filing:	r anic	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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