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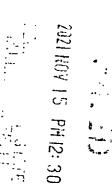
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## **COVER LETTER**

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TO:

	legistration Sc division of Cor			
ento nece	SHAW PA Γ:			
SUBJEC	· :		ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	ırn all correspo	indence concerning this matter	to the following:	
		JULIET YOUNG		
			Name of Person	
		SHAW PARK LLC		
		<del></del>	Firm/Company	
		819 RUSH AVE		
Name of Person  SHAW PARK LLC  Firm/Company  819 RUSH AVE  Address  LEHIGH ACRES, F1. 33972  City/State and Zip Code  SHAWPARKJA14@GMAIL.COM  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  GARFIELD YOUNG  STATE Code  STATE Code  Daytime Telephone Number  Enclosed is a check for the following amount:  STATE CODE  STATE				
		LEHIGH ACRES, FL 339	72	
			City/State and Zip Code	
		<del>-</del>		
			·	ification)
For further	r information c	oncerning this matter, please co	all:	
GARFIEL	D YOUNG			
	Name o	f Person		ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
\$25.00	0 Filing Fee	\$30.00 Filing Fee & Certificate of Status	<del>-</del>	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R C P	Lailing Address Registration Solvision of Co. Box 632 Callahassee.	Section forporations 7	Street Address: Registration Sc Division of Co The Centre of 2415 N. Monro Tallahassee, FI	rporations Tallahassee oe Street, Suite 810

## ARTICLES OF AMENDMENT AR

10						
ARTICLES OF ORGANIZATION						
OF	•	• :	:	:	. 10	 ,,

I hereby accept the appointment as registered agent and agrowisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my provided for in Chap	duties, and I am oter 605, F.S. Or	familiar with and ;, if this document is
New Registered Agent's Signature, if changing Registered Agent	•		·
	City	Florida _	Zip Code
2,5 1128/1123 (11/4/200)	Enter Florida s	treet address	
New Registered Office Address:			_
Name of New Registered Agent:			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our recor	ds, <u>enter the na</u> i	ne of the new register
(Maning address MAT BE A POST OFFICE BOX)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new principal offices address, if applicable:			
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the design	nation "LLC" or the a	abbreviation "L.L.C."
A. If amending name, enter the new name of the limited lial	oility company here:		
This amendment is submitted to amend the following:			
Florida document number			
The Articles of Organization for this Limited Liability Company	y were filed on		STATE T, T and assigned

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	GARFIELD YOUNG	819 RUSH AVE	<b>\</b> Add
		LEHIGH ACRES, FL 33972	□Remove
			□Change
			🗀 Add
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AS SECOND MGR				
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ffective date, if other than the dat an effective date is listed, the date must be stote: If the date inserted in this block document's effective date on the Depart	does not meet the app	licable statutory filing r	(optional) than 90 days after filing.) Pursuar equirements, this date will not	nt to 605,0207 t be listed as
record specifies a delayed effective dat d is filed.	e, but not an effective	time, at 12:01 a.m. on	the earlier of: (b) The 90th d	lay after the
NOVEMBER 5TH	2021	<del></del> ·		
	1			
	ature of a member or au	<u> </u>	a member	

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