Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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T

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHARABILL, LLC

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARABILL, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) nability Company)
The Articles of Organization for this Limited Liability Company Florida document number L21000411588	were filed on 09/16/21 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7901 4 ST N STE 300
(Principal office address MUST BE A STREET ADDRESS)	ST PETERSBURG, FL 33702
Enter new mailing address, if applicable:	7901 4 ST N STE 300
(Mailing address MAY BE A POST OFFICE BOX)	ST PETERSBURG, FL 33702
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	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 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>	Address	Type of Action
MGR	BLAKE C NOVAK	7901 4 ST N STE 300	□ Add
		ST PETERSBURG, FL 33702	□Remove
			X I Change
MGR JEFFREY P NOVAK	7901 4 ST N STE 300	□Add	
	ST PETERSBURG, FL 33702	Remove	
		X Change	
			🗆 Add
		□Remove	
		□Add	
		□Remove	
		□Change	
		□Add	
		🗆 Remove	
			Change
		□Add	
			□Remove
			∏Change

If amonding any other information, enter c	change(s) here: (Attach additional sheets, if necessary.)
. If amending any other mormation, enter c	inange(s) in re-
E. Effective date, if other than the date of filin (If an effective date is listed, the date must be specific at Note: If the date inserted in this block does not document's effective date on the Department of	and cannot be prior to date of fitting of more than 90 days after image) raisonal wedge 200 to meet the applicable statutory filing requirements, this date will not be listed as
f the record specifies a delayed effective date, but ne record is filed.	not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 05/12	2022
D. 1 P1	f a member or authorized representative of a member
Riley Park	
	Typed or printed name of signee