L21000432834

(Requ	uestor's Name)	
(Adda	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Nar	me)
(Doca	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only

A. RIVERS NOV 0 8 2021



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10/28/21--01022--003 **25.00

COVER LETTER

	egistration Se ivision of Cor			,
SUBJECT		R HOLDINGS LLC		
SUBJECT		Name of Lin	ited Liability Company	<u> </u>
The enclos	ed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		SHARON & MARK SCH	WALM	
			Name of Person	
		SHARMAR HOLDINGS	LLC	
			Firm/Company	
		1025 SCHERER WAY		
			Address	
		OSPREY, FL 34229		
		SHARON@PP-SRQ.COM	City/State and Zip Code	
		E-mail address: (to be used for future annual report notification)	
For further	information co	oncerning this matter, please c	all:	
SHARON	OR MARK SO	CHWALM	941 323-7260 OR 809-6294	
	Name of	f Person	Area Code Daytime Telephone	Number
Enclosed is	s a check for th	e following amount:		
■ \$25,00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) C	60.00 Filing Fee, fertificate of Status & fertified Copy additional copy is enclosed)
	ailing Address egistration S		Street Address: Registration Section	
D	ivision of C	orporations	Division of Corporations	
	O. Box 632 allahassee, F		The Centre of Tallahasse 2415 N. Monroe Street, S	
1 4	anamaace, I	A CONTRACT OF	Tallahassee, FL 32303	ounce of O

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARMAR HOLDINGS ELC		
(Name of the Limited Liability Company a (A Florida Limited Liab	is it now appears on our records.) lity Company)	
he Articles of Organization for this Limited Liability Company we	re filed on 10/04/2021	and assigned
lorida document number 1.21000432834		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liability	company here:	
ne new name must be distinguishable and contain the words "Limited Liability (lompany," the designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
_		
nter new mailing address, if applicable:		
failing address MAY BE A POST OFFICE BOX)		
_		
If amending the registered agent and/or registered office add	ress on our records, <u>enter the na</u>	ime of the new registe
ent and/or the new registered office address here:		
Name of New Registered Agent:		. ~1
Name of New Registered Agent.		1.00 May
New Registered Office Address:	Francisco II	3
	Enter Florida street address	19 6)
	Florida	

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.

New Registered Agent's Signature, if changing Registered Agent:

City

Ζίβ Code: Ģ2 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	SHARON SCHWALM	1025 SCHERER WAY, OSPREY, FL 34229	≣ ∧dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

PURPOSES JUST NEED TO	ADD SHARON SCHWAL	M AS ALSO AUTHORE	ED PERSON, THANK YO	ЭU.
			,	
		<u> </u>		
	_ .	<u>,</u>		
				
			-	
			- 	
				
ctive date, if other than the c effective date is listed, the date must e: If the date inserted in this blooment's effective date on the Dep	be specific and cannot be prior ck does not meet the applica	to date of filing or more than able statutory filing require	(optional) 0 days after filing.) Pursuant to ements, this date will not be	605.03 listed
ment of effective time of the Dep	artificia of State a records.			
ord specifies a delayed effective filed.	date, but not an effective ti	me, at 12:01 a.m. on the ea	rlier of: (b) The 90th day :	after ti
october 25	. 2021			
11	ingnature of a member or author			

Typed or printed name of signee