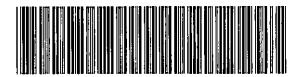
121000445964

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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10/25/21--01029--028 **25.00

T. MATTHEWS

NOV - 2 2021

COVER LETTER

	Registration Sect Division of Corpo				
SUBJEC	T: <u>Shell</u>	EY Enternis Name of I	E SolutionS Limited Liability Company		
The enclo	osed Articles of A	mendment and fee(s) are	submitted for filing.		
Please re	turn all correspon	dence concerning this mat	ter to the following:		
		Jasmine Sheller	Shener Name of Person Enterprise	Solution	
		1954 Melvic	Firm/Company Address		
		Jacksonville	City/State and Zip Code		
		admineshelle	Yenter Prises Autoria in the second of the s	report notification)	
For furthe	er information cor	ncerning this matter, pleas	e call:		
Jas	Smine. Name of I	Shelley	at (gol) 84 Area Code	144 –5470 Daytime Telephon	ne Number
Enclosed	is a check for the	following amount:			
\$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enc	losed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
į	Mailing Address:		Street Ac	idress:	

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

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shelley Enterprise Solutions (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	e filed on OCT	oper 13 30	11 and assigned
Florida document number 121000445964			
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 Co	ompany," the designa	ation "LLC" or the ab	breviation "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 here: Name of New Registered Agent:	ess on our record	ds, <u>enter the nam</u>	e of the new registered
N. D. C. LOW, All			
New Registered Office Address:	Enter Florida st	reet address	
•		, Florida	
	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete perf accept the obligations of my position as registered agent as provi	formance of my a	luties, and I am j	amiliar with and

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 = M $AMBR = A$	lanager authorized Member			
<u>Title</u>	<u>Name</u>	Address	21 00 05 PH 3: 17	Type of Action
NGR	Jasmine Shelley	TACKSON	clvin Rd ville, FL 32210	DAdd
				□Remove
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