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A. RAMSEY
DEC -7 7022

COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration S Division of Co			
Shoba Cor SUBJECT:	sulting LLC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shauna Soboh		
		Name of Person	
		Firm/Company	
	3730 Oak Street NE		
		Address	
•	St Petersburg, FL, 33704		
	shaunasoboh@gmail.com	City/State and Zip Code	
		to be used for future annual report notif	fication)
For further information (concerning this matter, please c	all;	
Shauna Soboh		786 7792173	
Name o	of Person		e Telephone Number
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing 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)
Mailing Addre		Street Address:	
Registration Division of C		Registration Sec	
DIVISION OF C	OFDOTATIONS	Division at Car	noratione

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shoba Consulting LLC

2022 SEP 12 AM 7: 53

(Name of the Limited Li (A F)	ability Company as it now appears on our orida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili Florida document number L21000456618	ty Company were filed on <u>Octobe</u>	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Shoba Source LLC		
The new name must be distinguishable and contain the words	'Limited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or regist agent and/or the new registered office address he Name of New Registered Agent:	ered office address on our records, <u>re</u> :	enter the name of the new register
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida stree	t 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
			□ Remove
			□Change
			□Add
			\ Remove
			□Change
		***	□ Remove
			□ Change
			□Add
			□ Remove
		-	□ Add
			□Remove
			□ Change
			□Add
			□ Change

And the second second

				
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ffective date, if other than the	date of filing:		(optional	N.
an effective date is listed, the date musiote: If the date inserted in this blocument's effective date on the D	t be specific and cannot be prior ock does not meet the applic	cable statutory filing re	than 90 days after filin	g.) Pursuant to 605.0207
record specifies a delayed effectiv Lis filed.	e date, but not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b)	The 90th day after the
ated September 3	2022			
	Signature of a member or auth	norized representative of a	a member	
Shauna Soboh Jhuno J	Signature of a member or auth	norized representative of a	a member	