L2/000466590

(Re	equestor's Name)	
(Ac	ddress)	
(Ād	(dress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	·
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations		
Shani John	son LLC		
SUBJECT:			
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Shani Johnson		
		Name of Person	
	Shani Johnson LLC		
		Firm/Company	
	16935 W Phil C Peters Rd		
		Address	
	Winter Garden, FL 34787		
	shanijohnson.fl@gmail.con	City/State and Zip Code	
	E-mail address; (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
Shani Johnson		407 744-7873	
		at ()	
Name o	f Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		. •• ;
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		Street Address:	100
Registration S		Registration Sec	
Division of C P.O. Box 632		Division of Corp	
r.O. Box 032	1	The Centre of T	aHanassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Snani Johnson LEC				
(Name of the Lim	nited Liability Compan (A Florida Limited Li	y as it now appears on ability Company)	our records.)	
The Articles of Organization for this Limited Florida document number L21000466590	Liability Company v	were filed on	:	and assigned
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited liabil	lity company here:		
The new name must be distinguishable and contain the	words "Limited Liabilit	ly Company," the design	nation "LLC" or the abbrevia	ntion "L.L.C."
Enter new principal offices address, if appli	icable:	Same		
Principal office address MUST BE A STRE	ET ADDRESS)			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE	<u>E BOX)</u>	Same		
3. If amending the registered agent and/or agent and/or the new registered office addr	registered office ac ess here:	Idress on our recor	ds, enter the name of t	he new regist
Name of New Registered Agent:	Shani Johnson		· ·	
New Registered Office Address:	16935 W Phil C I	Peters Rd		£2
		Enter Florida s	treet address	:
	Winter Garden		, Florida	. j
		City	Ziq	Code (5)

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.

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>	Address	Type of Action
MGR	Shani Johnson	16935 W Phil C Peters Rd	
		T /	🗆 🗅 Add
		Winter Garden, FL 34787	
			□Remove
		(Shani Johnson should be title owner)	
			■Change
			□Add
			□Remove
			Oct.
			UChange
			□ Add
			C/Add
			□Remove
			□Change
		·	
			🗆 Add
			□Remove
-			
			□Change
			Po. 4
			□Add
			Remove
			Chānge
			: `
			UAdd
			□Remove
			LINCHIOVE
			□ Change

Shani Johnson should-be	should as the "title owner"	
	-	
ctive date, if other than effective date is listed, the date	the date of filing:	(optional)
e: If the date inserted in this	s block does not meet the applicable statutory filin	ig requirements, this date will not be listed a
ument's effective date on the	e Department of State's records.	1
ord specifies a delayed effe filed.	ctive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day atter th
June 7	202.1	_:
ed	2024	
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	Marin (tohnor	~
	Signature of a member of authorized representative	of a member
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