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(Re	questor's Name)	
(Ad	dress)	
DA)	dress)	
(Cit	y/State/Zip/Phone #)
PICK-UP	WAIT	MAIL
(Ви	siness Entity Name)	1
(Do	cument Number)	
Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	

Office Use Only



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T. MATTHEWS
JUN 3 0 2022

COVER LETTER

Division of Cor			
SUBJECT:	Shaphar Name of Lim	d Protection	· LLC "
The enclosed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Jacq	Name of Person	
	Note of Limited Liability Company losed Articles of Amendment and fee(s) are submitted for filing. Sturn all correspondence concerning this matter to the following: Jacquas Kuttal Name of Person		
	3203 Gi	ngar Circle	
For further information ed			iteation
Jacques Name of	Kuttel	at <u>(407)</u> 308 Area Code Daytimo	8644 e Telephone Number
Enclosed is a check for the	e following amount:		
□ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
			rtion
Division of Co		Division of Com	

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

ARTICLES OF ORGANIZATION FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

Shapha	zrd Pr	otaction	22 MAY =9 AM 11: 56
(Name of the Lim	ted Liability Cor (A Florida Limit	npany as it now appears on ed Liability Company)	our records.)
The Articles of Organization for this Limited I	iability Compa 67497	iny were filed on <u>Fabr</u>	uary 09, 2022 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of		_	
The new name must be distinguishable and contain the v	vords "Limited Li	ability Company." the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applied	rable:	N/A	
(Principal office address MUST BE A STREE	<u>ET ADDRESS)</u>	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	N/A_	
B. If amending the registered agent and/or ragent and/or the new registered office addre	registered offic ss here:	e address on our recor	ds, enter the name of the new registered
Name of New Registered Agent:	N/A		
New Registered Office Address:			
		Enter Florida st	reet 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

Title	<u>Name</u>	Address	Type of Action
MGR	Schyler D Wagner	840 Lombard Street	_ [XAdd
		Apartment 305	
		Orlando Florida 3280	1 ☐Change
			🗆 Add
			□Remove
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tore. If the date	If other than the dat s listed, the date must be inserted in this block tive date on the Depar	noes not meet the	appucable statu	illing or more than 90 tory filling requiren	(optional) days after filing.) nents, this date	Pursuant to 605,020' will not be listed as
record specifie: I is filed.	a delayed effective da	te, but not an effe	etive time, at 12:	01 a.m. on the earl	ier of: (b) The	90th day after the
ated3	May	. 20	22	esentative of a member		
rated		$\overline{}$				