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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 198 SHELTER LANE LLC

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Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

198 Shelter Lane LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L2200069926	were filed on 02/10/22	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	198 Shelter Lane	
(Principal office address MUST BE A STREET ADDRESS)	Jupiter FL 33469	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter the nar	ne of the new registered
Name of the winegistered regent.		PIL 25
New Registered Office Address:	Enter Florida street address	AM CO
	, Florida	<u></u>
	City	Zip Coden

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
AMBR	Donald J Duffy	31 Tall Pines Drive	Xl Add
		Weston CT 06883	Remove
			□Add
			□Remove
			□Remove
		Annual	Change
			□ Add
			Remove
			□Change
			□Add
			Remove
			Change
			□Add
			Remove
			Change

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Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blo locument's effective date on the De	ock does not meet the appli	cable statutory filing r	(optional than 90 days after filing requirements, this dat	g.) Pursuant to 605.0207 (
record specifies a delayed effective d is filed.	date, but not an effective	ime, at 12:01 a.m. on	the earlier of: (b) T	he 90th day after the
Dated March 25	2022	·		
	Signature of a member or aut	<u> </u>		
	Signature of a member or aut	norized representative of	a member	

Filing Fee: \$25.00