# H22000107044

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### COVER LETTER

**Division of Corporations** Sibert and Shaw Holdings LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jarred Sibert Name of Person Sibert and Shaw Holdings LLC Firm/Company 350 NE 24th Street #809 Address Miami, FL. City/State and Zip Code sibertshaw@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Jarred Sibert 202 531-1190 Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. **■** \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed)

### Mailing Address:

TO:

Registration Section

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

#### Street Address:

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

Sibert and Shaw Holdings LLC

(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 Florida document number 1.22000107044	were filed on	March I	, 2022		and :	assigned
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	ility compan	<u>y here</u> :				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," t	he designa	tion "LLC" o	r the abbr	reviation	"L.L.C."
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>				
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
					3 CD	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on ou	ir record	ls, <u>enter th</u>	e name	of the r	<u>iew registered</u>
						•
Name of New Registered Agent:	<del></del>					<del></del>
New Registered Office Address:					計川: 3	<u> ブ</u>
	Enter	Florida str	eet address	<u> </u>	37	
	City		Flori	da	Zip Coc	<i>I</i> .
Now Degistered Agent's Signature if shanging Degistered Agents	Cuy				гір Сос	w
New Registered Agent's Signature, if changing Registered Agent:	. •	, .				1 •.1 .1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance provided for .	e of my a in Chapt	uties, and er 605, F.,	Lam fa S. Or. ij	miliar s <sup>e</sup> this de	with and ocument is

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Brandon Sibert	2219 Town Center Drive SE #271 Washington, DC 20020	
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			Change
			□Remove
			Change
			□ Add
			□Remove
			□Change
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record specifies a delayed eff is filed.	lective date, but not an effec	itive time, at 12:01 a.	m, on the earlier of: (b)	The 90th day after the
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October 2	2022			
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Typed or printed name of signee