122000 114500

Office Use Only



000387445610

05/10/22--01003--023 **25.00

DIVISION OF CORPORATION

T. MATTHEWS JUL -7 2022

COVER LETTER

FO: Registration Section Division of Corporations				
SUBJECT:	Lockhart 5	Shap Mort LCC ed Liability Company		
SUBJECT:	Name of Limit	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspo	ndence concerning this matter to	o the following:		
	Carrie_	Name of Person		
Firm/Company				
	1142 Pin.	e Ridge Dr. B		
	Davenpor	City/State and Zip Code Lockhart & Imography of the Use of the State of the Code of the C		
	Carrieann E-mail address: (1	Lockhart & Jm o be used for fiture annual report notif	ail. (cm	
For further information	concerning this matter, please ca	all:		
Carrie 1	ockhart	at (\$\frac{\delta}{3}\) \frac{399}{\text{Daytime}}	- O S and a company of the company o	
Name -	of Person	Area Code Daytime	e Tejepnone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address:		Street Address:	ution	
Registration Section		Registration Section Division of Corporations		
Division of Corporations P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,			e Street, Suite 810	
		Tallahassee, Fl	. 32303	

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

(Name of the Limited Liability Compar (A Florida Limited L	p Mart	LC 22 MAY 10 PH 12: 45
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appear liability Company)	on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>M</u>	arch 07, 2022 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company he	<u>re</u> :
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our r	ecords, <u>enter the name of the new register</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	ida street address
		Planida.
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:		
I have be a seement the same circumstate as receiptored again and again	van to act in this	canacity. I further garee to comply with t

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>	Name	Address	Type of Action
MGR	Carrielockhaft	1142 Pine Ridge Dr. Davenport, Fl 33896	<u>·</u> XAdd
			□Change
			□Add
			□Remove
			□Change
.			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□ Change
.			□Add
			□Remove
			□Change
 			□Add
			□Remove
			□Change