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## **COVER LETTER**

TO: Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
J.P SHEDS SUBJECT:	SILLC			
Sobject.	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing		
		<del>-</del>		
Please return all correspo	ondence concerning this matter	to the following:		
	JOSE PIZARRO			
	_	Name of Person		
	LP SHEDS			
		Firm/Company		
	6028 LAND O LAKES B	LVD		
Address				
	LAND O LAKES FL 346	38		
	<del></del>	City/State and Zip Code	<del></del>	1
	JPSHEDSFL@GMAIL.CC			ī (.)
	E-mail address: (	to be used for future annual report not	ification)	ુ: <b>ૄ</b> 3
For further information e	oncerning this matter, please c	all:	1	ω
JOSE PIZARRO		210 8960040		
Name o	f Person		ne 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)	□ \$60.00 Filing Fe Certificate of St Certified Copy (additional copy is a	tatus &
Mailing Addres Registration S Division of C	Section	Street Address: Registration Se		
P () Box 632	•	Division of Co		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Liability Company as it now appears on our reco Florida Limited Liability Company)	rds.)
lity Company were tiled on 03/24/2022	and assigned
e limited liability company here:	
s "Limited Liability Company," the designation "Ll	.C" or the abbreviation "L.L.C."
e:	
ADDRESS)	
<u></u>	7
stered office address on our records, ente	er the name of the new regis
ere:	The name of the new regis
Enter Florida street addr	Red
, l	FloridaZip Code
	stered office address on our records, ente

## 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 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	ALEXZANDREA SWAFFORD	6028 LAND O LAKES BLVD, LAND O LAKES FI	L <b>≡</b> Add
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ctive date, if other than the effective date is listed, the date in this iment's effective date on the	block does not meet the ap	plicable statutory	(option or more than 90 days after filing requirements, this	onal) filing.) date v	Pursuant to 605.02 will not be listed
ord specifies a delayed effec filed.	tive date, but not an effecti	ve time, at 12:01	a.m. on the earlier of: (b	) The	90th day after th
nd MAY 2	. 2024	·			
Jan Po	Signature of a member or a				
100	Signature of a mamba	uthorizad	tativa of a marsh as		<del></del>