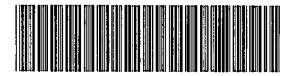
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SECRETARY OF STATE.

COVER LETTER

TO: Registration S Division of Co					
SUBJECT:	Shark and	Land LLC			
<u>—</u> —	Name of Lin	nited Liability Company			
The analoged Articles of	f Amondment and focks) are at				
	f Amendment and fee(s) are sub-	Ü			
ricase icium an corresp	ondence concerning this matter	to the following:			
		Sarah Bakx Name of Person		2022 A SECR	-
		Firm/Company		2022 AUG -4 PM 4: 10 SECRETARY OF STATE TALLAHASSEELFLORIDA	
	835_5	aturn CT Address	·	R LORION	
	Marc	O Island 3 City/State and Zip Code			
		esharks a yahoo to be used for future annual report notif			
For further information of	concerning this matter, please c	all:			
Arthory	Bakk of Person	at (<u>203</u>)305	O 556		
		.,	Total Control		
Enclosed is a check for the	he 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 Certificate of Certified Cop (additional copy)	Status &	
Mailing Addres Registration S	Section	Street Address: Registration Sec			
Division of C P.O. Box 632		Division of Corp The Centre of Ta	orations		
O. DON 052		THE CERTIE OF 18	manassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Shark	and Land	I LLC	
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.) pany)	
The Articles of Organization for this Limited Liab Florida document number <u>L 2200022</u>	ility Company were filed o	on <u>5/75/2</u>	and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability compa	ny here:	
The new name must be distinguishable and contain the word	s "Limited Liability Company,"	`the designation "LLC" or	
Enter new principal offices address, if applicable	e:		2022 AUG
(Principal office address MUST BE A STREET)	(DDRESS)		AR A TI
			SS SS
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		200 F
B. If amending the registered agent and/or regi	stered office address on o ere:	ur records, enter the	name of the new registered
Name of New Registered Agent:	Sarah Bo 835 Satu Enter	ikx	
New Registered Office Address:	<u>835 Satu</u>	rn CT	
-	Macco &	Sland, Florida	34145 Zip Code
New Registered Agent's Signature if changing Desi	CIB!		Zip Code

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	Sarah BaKx	835 Saturn CT Mallo Islan	Add Add
			□Remove
			□Change
MGR	Anthony Bakx		□Add
			Remove
		A E C R	Change
		SECRETARY OF STATE	Remove
			i Change □ □ Add
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