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MONAY 31 AN 9: 42

SECRETARY OF STATE

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shin By - Wait	f Limited Liability Company
The enclosed Articles of Amendment and fee(s) ar Please return all correspondence concerning this m	
Maithin La	Name of Person
ShinBy-h	Firm/Company
146 A10070	Address
	Seach, FL 33411 City/State and Zip Code
Lemenzeh E-mail add For further information concerning this matter, ple	ress do be used for future annual report notification)
Marie of Person	at (561) 302 - 5652 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$\sigma \text{S25.00 Filing Fee}  \text{S30.00 Filing Fee} \text{Certificate of State}	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Shinby-hait LLC		2022 MAY 31 AM 9: 43
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our Liability Company)	TECOTOS.) SECRETARY OF STATE TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Compan	y were filed on 5/13	ALLAHASSEE, FL and assigned
Florida document number [22000325326]		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	
(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 agent and/or the new registered office address here:	e address on our records	, enter the name of the new registere
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	et address
		, Florida
	City	Zip Code

## 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
MGR	Donna M Lemenze MS	3806 Tripoli Blud	□ Add
		Punta Gorda, Fl. 33960	⊠Remove
			□Change
MGR	Maithin Lemenze	146 Alcazar Street	🗹 Add
		Royal Paim Beach, FL 334	∐_ □Remove
			Change
		<del></del>	□Add
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing of ote:  If the date inserted in this block does not meet the applicable statutory for incument's effective date on the Department of State's records.	or more than 90 days	optional) after filing.) Pursuar , this date will not	nt to 605.0207 be listed as
record specifies a delayed effective date, but not an effective time, at 12:01 all is filed.	m. on the earlier o	f: (b) The 90th d	ay after the
nted May 27th , 2022.			