N22000239976

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COVER LETTER

то:	Registration Sec Division of Corp		·				
OLID IE	SHEMOUR	S LLC.		•			
SUBJEC	CT:Name of Limited Liability Company						
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.				
Please re	eturn all correspor	ndence concerning this matter	to the following:				
		Aikim Shemour Roberts					
Name of Person							
SHEMOURS LLC							
			Firm/Company				
		3071 SW 27TH AVE UNI	Г 27				
			Address				
	MIAMI FLORIDA 33133 City/State and Zip Code ikem13shemour@gmail.com						
		E-mail address: (to be used for future annual report notification)					
For furth	ner information co	oncerning this matter, please ca	all;				
Aikim S	Hemour Roberts		954 8657316				
Name of Person			at () Area Code Dayti	me Telephone Number			
Enclose	d is a check for th	e following amount:					
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Address	<u>s:</u>	Street Address:				

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

TO:

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

SHEMOURS LLC						
(Name of the Limi	ted Liability Compa (A Florida Limited I	ny as it now appears on our records Liability Company)	s.) SEE PA			
The Articles of Organization for this Limited L. Plorida document number L22000239976	iability Company	were filed on <u>5/23/2022</u>	and assigned			
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name o	of the limited liab	ility company here:				
Shemour Services LLC.						
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		3071 sw 27th ave Unit 27, Mian	mi Fl 33133			
Principal office address MUST BE A STREI						
Enter new mailing address, if applicable:						
Mailing address MAY BE A POST OFFICE	BOX)					
3. If amending the registered agent and/or		address on our records, enter	the name of the new registere			
agent and/or the new registered office addre	ess here:					
Name of New Registered Agent:	Northwest Registered Agent LLC					
New Registered Office Address:	New Registered Office Address: 7901 4th St N Suit 300					
	Enter Florida street address					
	St, Petersburg	, Flo	orida ³³³⁷⁰²			
		City	Zin 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
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			Change
			□Add
			□Remove
			□Change

Typed or printed name of signee