LZZ 000 268 663

(Reque	estor's Name)	
(Addre	ess)	<u> </u>
(Addre	ess)	
(City/S	itate/Zip/Phone #	<i>f</i>)
PICK-UP		MAIL
(Busin	ess Entity Name	;)
(Docur	ment Number)	
Certified Copies	Certificates c	of Status
Special Instructions to Fili	ng Officer:	
	Office Use Only	



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COVER LETTER

TO: Registration Section Division of Corporations

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SUBJECT: Shupin DIVUS Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:



at (407) <u>713 1060</u> Daytime Telephone Number Name of Perso

Enclosed is a check for the following amount:

🗍 \$25.00 Filing Fee

12 \$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)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

	AMENDMENT TO					
ARTICLES OF ORGANIZATION						
()F					
Shapin Dillas LLC	~					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liability Company	v were filed on (0-13-2022) and assigned					
Florida document number $\underline{L22000268663}$.						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited liab	bility company here:					
A. If antending hante, <u>enter the new gante of the infined ha</u>	onty company nere.					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "LLC."					
Enter new principal offices address, if applicable:	5324 Long Ind Apt B					
(Principal office address MUST BE A STREET ADDRESS)	Orlando, F/ 32808					
Enter new mailing address, if applicable:	511 Nuntucket Apt 1038					
(Mailing address MAY BE <u>A POST OFFICE BOX)</u>	Altamonte Springs FI 3:2714					
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D. If the share the surface of the second for a surface was a fitter						
agent and/or the new registered office address here:	address on our records, <u>enter the name of the new registered</u>					
Name of New Registered Agent:						
New Registered Office Address:	Enter Florida street 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>	Name	Address	<u>Type of Action</u>
MGP	Aircle Smith	5324 Long Nol Apt B Orlando F/ 32808	the Add
		Orlando F/ 32808	🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Change
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			🗆 Adđ
		·····	🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			□Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Aicole Smith MOR Typed or printed name of signee