L22 000 275574

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



000394009650

09/22/22--01011--001 **25.00

2022 SEP 2 L PM 3: 37
SECRETARY OF STATE
TALL AHASSEE FI

COVER LETTER

TO: Registration Se Division of Corp	
Sharkfinder	· CCR, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Matthew Robert Savatshi
	Firm/Company
	1816 Coral Circle
	North Fort Myers FL 33903 City/State and Zip Code
	Mrsavatski@amail.com
	E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
Matthew	Savatski at (262) 388-3389 (Person Area Code Daytime Telephone Number Hand Science For the following amount:
Name of	Area Code Dayunie Telephone Number
Enclosed is a check for th	e following amount:
€ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Addres Registration S Division of C	Section Registration Section orporations Division of Corporations
P O Boy 632	7 The Centre of Tallahasses

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

Snanklinger CCR, LUC					
(Name of the Limi	ted Liability Company as (A Florida Limited Liabil	it now appears on ou ity Company)	r records)		
The Articles of Organization for this Limited Liability Company were filed on 06/16/2022 Florida document number L22000275574					
This amendment is submitted to amend the follo	owing:				
A. If amending name, enter the new name o	f the limited liability	company here:			
The new name must be distinguishable and contain the v	vords "Limited Liability Co	mpany," the designation	on "LLC" or the ab	breviation "L.L.C."	
Enter new principal offices address, if applic	able:		·		_=
(Principal office address MUST BE A STREE	TADDRESS)			- <u>F</u>	
Enter new mailing address, if applicable:				RY OF SIA	
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			<u></u>	-
B. If amending the registered agent and/or ragent and/or the new registered office addrosment and the new Registered Agent: New Registered Office Address:	ess here: Yatthe	w Rubert	Savats	ńì	ered
New Registered Office Address.	014	Enter Florida stree	et address		_
	North Fort	Enter Florida stree	, Florida	33903 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 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	Gregory Watson	6566 59th Ct.	□Add
		Vero Beach, FL 32967	
			□ Change
CEO	Michele Watson	6566 59th Ct	
		Vero Beach, FL 32967	■Remove
			□Add
			□Remove
			SECH SECH
			SEPRO 2 SEPRO 2 RETARY
			E Charge
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
			□Change

D. If amending a	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
 <u>.</u>	
-	
·-·-	
, .	2 SEP
	्रा _क छ
(If an effective da <u>Note:</u> If the d	te, if other than the date of filing: Optional
cord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	Signature of a prember or authorized representative of a member
	Mr Jul
	Signature of a prember or authorized representative of a member
	Matthew Sairtsh. Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00