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| (Requestor's Name)                      |
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| (A.L)                                   |
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Dualizada Estitublada)                 |
| (Business Entity Name)                  |
| (Document Number)                       |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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1022 OCT 28 PH 3: 03 SECRETARY SEE STATE

## **COVER LETTER**

| TO: Registration Se<br>Division of Cor |  |  | * × k  |  |
|--|--|--|--|--|
| Big Shaven                             | Property Service LLC                         | ٤  | •  |  |
| SUBJECT:                               | Name of Lin                                  | nited Liability Company  |  |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.  |  |  |
| Please return all correspo             | ondence concerning this matter               | to the following:  |  |  |
|  | shawn montney                                |  |  |  |
|  |  | Name of Person   | <del></del>  |  |
|  | BIG SHAWN PROPERTY                           | Y SERVICE  |  |  |
| Firm/Company                           |  |  |  |  |
|  | 121 coral dr                                 |  |  |  |
|  |  | Address  |  |  |
|  | panama city beach fl 3241                    | 3  | 2022<br>SEC  |  |
|  |  | City/State and Zip Code  |  |  |
|  | bayps.2022@gmail.com                         |  | 7.28<br>A.11   |  |
|  | E-mail address: (                            | to be used for future annual report notification)                          |  |  |
| For further information c              | oncerning this matter, please c              | all:   | 2022 OCT 28 PH 3: 03 SECRETARY LE STATE TAULAIDS SEESTEL                               |  |
| shawn montney                          |  | 762 2172332<br>at ( )  | <sup>프</sup> 슈 <b>3</b>  |  |
| Name o                                 | f Person                                     | Area Code Daytime Telephone N  | umber  |  |
| Enclosed is a check for the            | ne following amount:                         |  |  |  |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certified Copy (additional copy is enclosed) Certified Copy | .00 Filing Fee,<br>rtificate of Status &<br>rtified Copy<br>ditional copy is enclosed) |  |
| Mailing Address Registration S         | Section                                      | Street Address: Registration Section Division of Corporations              |  |  |
| Division of C<br>P.O. Box 632          |  | Division of Corporations The Centre of Tallahassee                         |  |  |
| Tallahassee, I                         |  | 2415 N. Monroe Street, Su  | ite 810  |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| big shawn property service LLC   |   |   |
|--|---|---|
| ( <u>Name of the Limited Liability Cor</u><br>(A Florida Limit   | mpany as it now appears on our records.) ted Liability Company) |   |
| The Articles of Organization for this Limited Liability Compa  |   | and assigned                            |
| Florida document number <u>(LZZOOO Z<b>S</b>() (1</u> 7)   | 8   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited l   | iability company here:  |   |
| The new name must be distinguishable and contain the words "Limited L  | iability Company," the designation "LLC" o                      | or the abbreviation "L.L.C."            |
| Enter new principal offices address, if applicable:  | <del></del>   |   |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>  |   |
|  | <del>"</del>  | 2                                       |
|  |   | 022 (<br>SEC                            |
| Enter new mailing address, if applicable:  | <del></del>   |   |
| Mailing address MAY BE A POST OFFICE BOX)  | <del>-</del>  | 2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 |
|  |   | <u> </u>                                |
|  |   | mir w                                   |
| B. If amending the registered agent and/or registered offingent and/or the new registered office address here: | ce address on our records, <u>enter th</u>                      | e name of the new-registered            |
|  |   |   |
| Name of New Registered Agent:  |   |   |
| New Registered Office Address:   |   |   |
|  | Enter Florida street address                                    |   |
| <del></del>  | , Flori   |   |
|  | 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 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                                 |
|--------------|---------------|---|--|
| PRES.        | Shawn Montney | 121coral Dr panama city beach, fl 32413 | <b>≣</b> Add                                   |
|              |               | <del></del>                             | □ Remove                                       |
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| ective date, if other than                                     | the date of filin    | .a.                |                   | 4.                  | optional)               |                             |
| effective date is listed, the date                             | must be specific an- | d cannot be prior  |                   | more than 90 days   | after filing.) Purs     |                             |
| e: If the date inserted in th<br>ument's effective date on the |                      |                    | ibie statutory it | ing requirements    | , this date will i      | ioi be fisted               |
|  |                      |                    |                   |                     |                         |                             |
| cord specifies a delayed effortiled.                           | ective date, but no  | t an effective tir | me, at 12:01 a.n  | 1. on the earlier o | f: (b) The 90th         | ı day after th              |
| ed   | 1                    | 2022               |                   |                     |                         |                             |
|  | //_                  |                    | _<br>             |                     |                         |                             |
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Typed or printed name of signee