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COVER LETTER

	tegistration Sec Division of Corp		- <u>-</u>	
custro		TUFTS LLC	*	•
SUBJEC	I: <u></u>	Name of Limi	ted Liability Company	
The enclo	sed Articles of a	Amendment and fee(s) are subr	nitted for filing.	
Please reti	um all correspoi	ndence concerning this matter t	o the following:	
		KATIE STEWART		
For further KATIE S Enclosed \$25.0			Name of Person	
			Firm/Company	
		2009 SELVA MADERA	СТ	
			Address	
		ATLANTIC BEACH, FL		
		TUFTSKL@GMAIL.COM	City/State and Zip Code	
			to be used for future annual report noti	lication)
For furthe	er information co	oncerning this matter, please ca	all:	
KATIE S	STEWART		404 7134906 at ()	
	Name o	f Person	Area Code Daytim	ne Telephone Number
Enclosed	is a check for th	ne following amount:		
■ \$25.0	00 Filing Fee	☐ \$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)
	Mailing Addres Registration S		Street Address: Registration Se	ection
	A	,	Division of Co.	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STEWART TUFTS LLC		<u></u> _
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records. a Limited Liability Company))
The Articles of Organization for this Limited Liability (Florida document number L22000294316		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
SHAT HOLDINGS LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the abbreviation L.L.C.
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADD	ORESS)	
Enter new nailing address if applicable: (Mailing address M. Y BE & POST OFFICE BOX)		2
B. If amending the registered agent and/or register agent and/or the new registered office address here	red office address on our records, <u>enter</u> :	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	5
	, FI	orida
- -	Cuy	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

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<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	KATHERINE STEWART	2009 SELVA MADERA CT	🗆 🗆 Add
		ATLANTIC BEACH, FL 32233	□Remove
			• Change
MGR	IAN STEWART	2009 SELVA MADERA CT	• Add
		ATLANTIC BEACH, FL 32233	□Remove
			Change
			□Add
			□Change
	VOID		□Add
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record specifies a del d is filed.	iyed effective date, bi	it not an effective time, at 12:	:01 a.m. on the earlier of:	(b) The 90th day after	r the
Dated)		
	Signature	of a thember or authorized repr	esentative of a member		

Filing Fee: \$25.00