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SECRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Corporations SHIRLEY'S INVESTMENTS, LLC SUBJECT: _____ 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: LUDY MORENO Name of Person SHIRLEY'S INVESTMENTS, LLC Firm/Company 40 SW 13TH STREET # 701 Address MIAMI FL 33130 City/State and Zip Code ludy@ludymoreno.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: LUDY MORENO Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$55.00 Filing Fee & ☐ \$25.00 Filing Fee ■ \$30.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

Mailing Address:

TO:

Registration Section

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

Street Address:

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

SHIRLEY'S	INVESTMENTS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appea a Limited Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on _	07/18/2022	and assigned
Florida document number L22000316881	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company h	<u>sere</u> :	
The new name must be distinguishable and contain the words "Lin	nited 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)	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our	records, <u>enter the na</u>	上的 片 二
Name of New Registered Agent:			
New Registered Office Address:			TARY OF STAT
	Enter Fle	orida street address	严量百
	Cuv	Florida	Zip Code
	V, 11)		

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	MORENO, LUDY	601 SW 37TH AVE SUITE 605	□Add
		MIAMI FL 33135	■Remove
			□ Change
			□Add
			Remove
			□Remove
			□Change SEC
			Change SECALD 10 M D TALLAH BK SEE UTA
			□ Change
			□Remove
			□ Change
		 	□Add
			□Remove
			□Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
	دم
SECTION TO	2024 JUL 10
Effective date, if other than the date of filing: One of the date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant upports Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be discurrent's effective date on the Department of State's records.	207 (56)
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 dis filed.	10
Dated 26 of June , 2024	
Signature of a member or authorized representative of a member	
LUDY MORENO	