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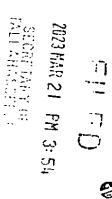
(Req	uestor's Name)			
(Address)				
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(City)	/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				
	J. H	HORNE N - 7 2023		

Office Use Only



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COVER LETTER

Division of Corporations Shira Publishing 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: Cathleen Greene Name of Person Shira Publishing LLC Firm/Company 101 Casseekee Trail Address Melbourne Beach, FL 32951 City/State and Zip Code cathleen828@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cathleen Greene Name of Person Enclosed is a check for the following amount: ☐ \$30.00 Filing Fee & □ \$25.00 Filing Fee □ \$55.00 Filing Fee & **■** \$60.00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

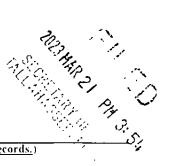
TO:

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



Shira Publishing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	iability Company	were filed on 08/0.39	and assigned	
Florida document number 1.22000342326	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here	:	
The new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the desig	enation "L.L.C" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		101 Casseekee Trai		
		Melbourne Beach, Florida		
		32951		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		101 Casseekee Trai	1	
		Melbourne Beach, Florida		
		32951		
B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	•	address on our reco	rds, <u>enter the name of the new registered</u>	
New Registered Office Address:	101 Casseekee	Trail		
New registered Office Address.	<u>.</u>	Enter Florida	street address	
	Melbourne Bea	ich	, Florida <u>32951</u>	
		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

0/

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
AR	Philip J. Schrantz	258 Norwich LN	□Add
		Melbourne Beach, Florida	■Remove
•		32951	□Change
			DAdd
		□Remove	
		Change	
			□Add
		□Remove	
			□Change
			□Add
		□Remove	
		□ Change	
	-		
		□Remove	
		□Change	
			□Remove
			□Change

yped or printed name of signee