8/17/22, 10:12 AM

Division of Corporations

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000278571 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Email Address:

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : I20180000086 Phone : (916)576-7000 Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

RLOPS@PARASEC.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAFFER INTELLECTUAL PROPERTY LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 1 8 2022

To: 18506176383 From: 19166105073 Date: 08/17/22 Time: 3:17 PM Page: 03/05

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shafter Intellectual Property			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appead Liability Company)	irs on our records.)	
(**************************************			
The Articles of Organization for this Limited Liability Compa	ny were filed on _	08/08/2022	and assigned
Florida document number <u>L.22000346791</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li-	ability company h	iere:	
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the	designation "LLC" or the	abbreviation "L. L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	. 		
			
P. A			
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered officagent and/or the new registered office address here:	e address on our	records, <u>enter the n</u>	ame of the new regis
agent and/or the new registered office address nere.			7.55 7.45 7.45
Name of New Registered Agent:			2A
New Registered Office Address:	Enter Flo	orida street address	
		, Florida	The state of the s
	City:		₹ 20 CbJe
New Registered Agent's Signature, if changing Registered Age	nt:		्राह्म ८ ७

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.

To: 18506176383 From: 19166105073 Date: 08/17/22 Time: 3:17 PM Page: 04/05

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
AMBR	Jamie Walpole	714 26 Rd	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
		Grand Junction, CO 81506	□Remove
			Change
			🗆 Change
			DRemove
			□ Change
			□ Add
			Remove
			□ Change
			□Add
			□Remove
			🛮 Change
			\ \
			□Remove
			fint cost

D. If amending any other information, enter change(s) here: (Attach additional sheets, y'necessary.) E. Effective date, if other than the date of filing: (optional)
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605 0207 (3)(b) _ (optional) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records If the 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 record is filed Dated ___August 15 Signature of a member or authorized representative of a member Scott Shaffer Typed or printed name of signee

To: 18506176383 From: 19166105073 Date: 08/17/22 Time: 3:17 PM Page: 05/05

Filing Fee: \$25.00