# 422000395931

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### **COVER LETTER**

Division of Corpo	orations				
SUBJECT: Shel	15 Futures,	ted Liability Company			
	mendment and fec(s) are subm				
Please return all correspond	dence concerning this matter t	to the following:			
	M. Michelle Shells Fu	Name of Person			
		Firm/Company			
	1878 40	)th Terrace  Address	North		
	St. Petersk moosh 1806	OUT FL  Cit / State and Zip Code	33709		
	Moosh 1806 (	amail Com	port notification)	702: SE:	
For further information cor	ncerning this matter, please ca	all;		2022 SEP SECRETALL!	
M. Michelle Name of	Frakes		92 - 6615 Daytime Telephone Number	28 -	777
Enclosed is a check for the	e following amount:			3: 46 STATE E. FL	U
□ \$25.00 Filing Fcc	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Centifical Centified	te of Status &	

TO:

**Registration Section** 

Mailing Address:
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

The Articles of Organization for this Limited Liability Company were filed on 9/9/22 and assign Florida document number L22000395931.  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	<del></del>		
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[Malling address MAT BE A POST OF FICE BOX]	1 j		
The state of the second office address on our moonds enter the name of the new r	ronisterer		
B. If amending the registered agent and/or registered office address on our records, enter the name of the new ragent and/or the new registered office address here:	CEISTEICE		
Name of New Registered Agent:			
New Peristand Office Address:			
New Registered Office Address:  Enter Florida street address	Enter Florida street address		
Florida	<b></b>		
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 provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a			

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

**Address** Type of Action **Title** Name 1878 40th Terrace N XADD MGR Mary Michelle Frakes St. Petersburg, FL 33709 | Remove AMBR Mary Michelle Frakes 7878 40th Terrace Show St. Petersburg, FL 33709 - Remove ☐ Change Add The Remarks \_ □Remove \_\_\_\_ □Change \_\_\_\_\_ Remove □ Change □Remove ☐ Change

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ffective date, if other than the date of filing:	(optional)
an effective date is listed, the date must be specific and cannot be prior to date of filing o Note: If the date inserted in this block does not meet the applicable statutory fi	illing requirements, this date will not be listed a
document's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.t d is filed.	m, on the earlier of: (b) The 90th day after the
Dated September 23. 2022.	
Signature of a member or authorized representa	