L'ACCO - 11712

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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18/17/22 -01018--019 4425.00

2022 OCT 17 AM 9: 52 SECTIONAL MESTATE

18/2023

COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Solution of Co			
Shaulis Ho	omes LLC		
SUBJĖCT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Timothy J. Shaulis		
		Name of Person	
	Shaulis Homes LLC		
	<u> </u>	Firm/Company	
	3082 Grey Heron Circle		
		Address	
	Venice, FL 34293		
		City/State and Zip Code	
	tim.shaulis@gmail.com	to be used for future annual report noti	(festion)
For further information of	concerning this matter, please ca		Teach,
Tim Shaulis	J .	813 748-1211	
Name o	of Person	at ()	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>	<u>ss:</u>	Street Address:	
Registration Section		Registration Sec	
Division of O P.O. Box 633		Division of Cor The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 OCT 17 AM 9:52 Shaulis Homes LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) SECREBBAY OF STATE TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on $\frac{9/21/2022}{1}$ ____ and assigned Florida document number 1.22000411712 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 "L.L.C." 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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _, Florida ___ 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

Title `	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Peggy A. Williams	341 Mount Auburn St, #309, Watertown, MA 02472	≣Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
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			Change
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an eff lote:	ve date, if other than the date of filing: [10/11/2022] (optional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records.
recor l is til	d 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 ed.
	October 11 2022
ated	
ated	Signature of a member or authorized representative of a member

Typed or printed name of signee