L22000413895

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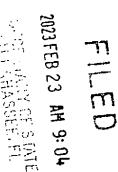
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COVER LETTER

SUBJECT: SH Acrylic Systems LLC Name of Limited Liability Company	
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:	
Aveis Hayes Name of Person	
Firm/Company	
3800 SW 34th Street APT G63	
Chy/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Aveis Hayes Name of Person at (772) 828-728 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)	

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

SH Acrylic Sus	tems LLC
(<u>Name of the Lighted Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000413898</u> .	were filed on 9/22/2022 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	38CD SW 34th Street APT B53 Gainesville, Florida 32608
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	38W SW 341th Street APT 063 Paines Ville, Florida 32608
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	TE BE
Name of New Registered Agent:	23 III
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 = Mar AMBR = At	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
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ote:	ve date, if other than the date of filing:
IS £11	
ated .	2/21/2023 Auin Have
	Signature of a member or authorized representative of a member
	Signature of a member of authorized teniesemanye of a member

Filing Fee: \$25.00