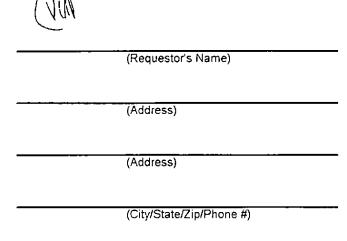
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WAIT

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(Business Entity Name)

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration So Division of Cor		·			
	PREAL ESTATE LLC				
SUBJECT:	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:			
	SHELLY FUHRHOP				
		Name of Person	-		
	SHELLY FUHRHOP REA	AL ESTATE LLC			
		Firm/Company			
	3613 AVENIDA DEL VE	RA			
	<u> </u>	Address	4,		
	NORTH FORT MYER. FL 33917				
	SHELLYC1010@GMAIL.				
For further information c	eoneerning this matter, please co	to be used for future annual report notif	(cation)		
SHELLY FUHRHOP		618 363-1653			
Name o	of Person	at () Area Code Daytimo	Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Addres Registration		Street Address: Registration Sec	tion		
Division of C	Corporations	Division of Corp	porations		
P.O. Box 633	27	The Centre of T	allahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FUHRHOP REAL ESTATE 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 Liability Company were filed on $\frac{11/30/2022}{2}$ and assigned Florida document number _ 122000504941 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHELLY FUHRHOP REAL ESTATE LLC 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

, Florida

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
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
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Effective date, if other than the date of filing: Ol/Ol/2024 (optional) (optional) (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. 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 dis filed. Attendary 18 2024 Manuary 18 Signature of a member or Buthorized representative of a member SHELLY FUHRSTOP							-	
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