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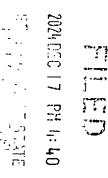
(Requestor's Name)
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COVER LETTER

Division of Cor	rporations		
SHELLY I	FUHRHOP REAL ESTATE L	LC	
3000EC1	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	SHELLY FUHRHOP		
		Name of Person	
		Firm/Company	
	3613 AVENIDA DEL VE	ERA	
		Address	282i
	NORTH FORT MYER, FL 33917		2024 E°C 17
		City/State and Zip Code	
	E-mail address:	(10 be used for future annual report notif	fication)
For further information co	oncerning this matter, please o	all:	
TIFFANY GAFFNER		618 402-8322	m O
Name of	l Person	at () Area Code Daytime	: Telephone Number
Enclosed is a check for th	o fallouin a annua		
	-		
t.J \$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)
M-99- A 4 3			

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

SHELLY FUHRHOP REAL ESTATE LLC		
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)	
he Articles of Organization for this Limited Liability Company we	ere filed on 11/30/2022	and assigned
lorida document number L22000504941		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liabilit	v company here:	
HELLY FUHRHOP LLC		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or t	he abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		2022
rincipal office agaress MUST BE A STREET ADDRESS)		7
-		Cress 18
nter new mailing address, if applicable:		7.7
Mailing address MAY BE A POST OFFICE BOX)		
-		
. If amending the registered agent and/or registered office add	dress on our records. <u>enter the</u> j	name of the new regi
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
new registered office radices.	Enter Florida street address	
	, Florid:	.
	Cuv	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 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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□ Change
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			Change

				
				
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ective date, if other than the did effective date is listed, the date must be: If the date inserted in this block that it is effective date on the Department's effective date on the Department.	be specific and cannot be pr ck does not meet the app	dicable statutory fil	(option more than 90 days after ing requirements, this	filing.) Pursuant to 605.020
ecord specifies a delayed effective s filed.	date, but not an effective	e time, at 12:01 a.m	n, on the earlier of: (b) The 90th day after the
DECEMBER 05	2024	·		
DECEMBER 05 Shelly & Fr	huliaf ignature of a member or ac	thorized representati	ve of a member	

Filing Fee: \$25.00