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## **COVER LETTER**

TO:

TO:	Registration Secunities Division of Corp			
OLIB IEI	org.	SHELTER (	OVERSEAS LLC	
SUBJEC	CT:	Name of Lim	ited Liability Company	
The encl	losed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
			IDA C OVIES	
			Name of Person	
			IDA C OVIES CPA PA	
			Firm/Company	
		3.	785 NW 82 AVE STE 314	
			Address	
		-	City/State and Zip Code	
		Paralla Marca i	DORAL FL 33166	
For furth	er information cor	ncerning this matter, please ca	to be used for future annual report not all:	meanou
IDA C C	OVIES		305 477-5798	
	Name of E	<sup>2</sup> erson	Area Code Daytin	ne Telephone Number
Enclosed	l is a check for the	following amount:		
<b>■</b> \$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)
	Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, FL	rporations	✓ Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, FL	rporations Fallahassee he Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELT	ER OVERSEAS LLC	
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 01/12/2023	and assigned
Florida document number 1.23000026931		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
SHELTER	INVESTMENTS LLC	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviationL.C."
Enter new principal offices address, if applicable:		I ER
(Principal office address MUST BE A STREET ADDI	RESS)	
		<u> </u>
		FORF
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		- 13
B. If amending the registered agent and/or registered	d office address on our records, enter the na	me of the new registered
agent and/or the new registered office address here:	o office address on our records, enter the nar	ne of the new registered
Name of New Registered Agent:		<del> </del>
New Registered Office Address:		
	Enter Florida street address	
	Florida	
	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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	·		□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			□Change
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			Remove
			☐Change
			□Add
			□Remove
			□Change

2. 11 amending any other in	ormation, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
<del></del>	
	<del> </del>
(If an effective date is listed, the d Note: If the date inserted in	n the date of filing:
he record specifies a delayed e ord is filed.	Tective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 16	2023
	Tacques Reduck ackernan
	Signature of a member or authorized representative of a member
	JACQUES S RODRICH ACKERMAN
	Typed or printed name of signee

Filing Fee: \$25.00