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2023 AUG -2 AH 6: 52



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Flix Sha a ay Management LLC 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:
rease retain an correspondence concerning this matter to the following.
Marquez D. Quinn
Flip Shaqqy Management LLC
110 Broad Street
Port St. Joe, Fl 32456 City/State and Zip Code
flight Shagay management 93 @ gnail o com JE-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Marquez Quinn at (850) 247 - 6217 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1111-6.

Fly Shaaqy Mar (Name of the Limited Liability (A Florida	ragement	LLC	2023 AUG -2 AH 6: 52		
/ (<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now ap Limited Liability Compan	pears on our record ny)	ALLAHANSET I I		
The Articles of Organization for this Limited Liability C Florida document number	ompany were filed on	1 ~ ~	2023 and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit Thee Floya ShaA The new name must be distinguishable and contain the words "Limit			LLC." or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	ESS)	· · · · · · · · · · · · · · · · · · ·			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on ou	r records, <u>enter</u>	the name of the new registered		
Name of New Registered Agent:					
New Registered Office Address:	Enter l	Florida street address			
	City	, FIO	orida 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			□Change
			□Add
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an effec <u>ote:</u> Ii	ve date, if other the ctive date is listed, the fithe date inserted in the date of the dat	date must be spen this block do	cific and cannot be present of the cannot be presented and cannot be presented as a supplication and cannot be presented and cannot be presented as a supplication as a supplication and cannot be presented as a supplication as a	dicable statutory fili	(option of the control of the contro	onal) filing.) Pursuant to 605.020 date will not be listed a
ecord	specifies a delayed d.	effective date,	but not an effective	e time, at 12:01 a.m.	on the earlier of: (b)) The 90th day after the
ited	July	31,	208	B .		
		Mangu	ire of a member or au	uthorized representativ	e of a member	
	M	9082	n			

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