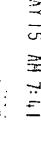
L23000113180

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of 7/16/2023

COVER LETTER

TO:

Registration Section

Div	ision of Cor	porations				
OUD IDOT	SHADOW	TEC 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	ndence concerning this matter	to the following:			
		JEROY HAROLD LAWT	ON JR			
			Name of Person			
		SHADOW TEC LLC				
			Firm/Company			
		2103 MOREHOUSE RD				
		<u></u>	Address			
		JACKSONVILLE, FL 322	209			
			City/State and Zip Co	ode		
		SHADOWTEC@YAHOO.				
For further is	nformation c	E-mail address: (oncerning this matter, please co	to be used for future and	uai report notii	icanon)	
	ROLD LAW	-	904	904-307-814	8	
———			at ()	Daytime		
	Name o	f Person	Area Code	Daytime	: Telepho	ne Number
Enclosed is a	a check for th	ne following amount:				
■ \$25.00 F	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing E Certified Copy (additional copy i	<i>!</i>		\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres			t Address:	tion	
Registration Section Division of Corporations		Registration Section Division of Corporations				
P.0). Box 632	.7	The	Centre of T	allahas	see
Ta	Hahassee, I	FL 32314	2413	N. Monroe	: Street	. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

2023 HAY 15 AH 7: 41

SHADOW TEC 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 $\frac{03/03/2023}{2}$ and assigned Florida document number _L23000113180 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." 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.

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
AMBR	LAWTON JR. JEROY HAROLD	2103 MOREHOUSE RD	□ Add
		JACKSONVILLE, FL 32209	Remove
			□ Add
			□Remove
			□ Change
			
			□Remove
		<u> </u>	□Change
			
			Remove
			□Change
			□Add
			□Remove
			□Add ·
			Remove

Effective date, if other than the date of filing: In a reflective 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 fuls.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Proposition of the state o			·			_
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Filing Fee: \$25.00