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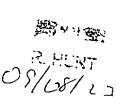


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2023 SEP -8 PHI2: 40
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ALLAHASSEE, FLOKI



COVER LETTER

Division of Co					
	The Ultimate	e Shift, LLC			
SUBJECT:	Name of Lir	nited Liability Company	<u>.</u>		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matte	r to the following:			
		Shanada K. Reid			
		Name of Person			
	-	Γhe Ultimate Shift, LLC			•
	- -	Firm/Company		2023 SEP	DIVISION OF CORFCEAN DATE
		8150 Silver Birch Way		SEP	0.00
		Address		8	CS
	Le	ehigh Acres. FL 33971		PM 12: 40	AFCE CE
		City/State and Zip Code		5:	
	info@	yourultimateshifts.com		ō	Ä
	E-mail address:	(to be used for future annual report notif	ication)		
For further information of	concerning this matter, please o	ail:			
Shanada K. R	eid	561 571-071	8		
Name o	of Person		: Telephone Number		
Enclosed is a check for t	he following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Sta Certified Copy (additional copy is er	tus &	
MAIL	ING ADDRESS:	STREET/COURT	FR ADDRESS:		

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

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

The Ultimate Shift,	LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appea	rs on our records.)	
The Articles of Organization for this Limited Liability Company Florida document number		April 3, 2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	ility company h	ere:	
The new name must be distinguishable and contain the words "Limited Liabile	ity Company," the c	lesignation "LLC" or the a	
Enter new principal offices address, if applicable:	8150 Silve	r Birch Way	1011VIII
(Principal office address MUST BE A STREET ADDRESS)	Lehigh Acı	es, FL 3397 <u>1</u>	SEP CONTRACT
			<u> </u>
Enter new mailing address, if applicable:	8150 Silver	Birch Way	PH P
(Mailing address MAY BE A POST OFFICE BOX)	Lehigh Acr	es, FL 33971	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	fice address on	our records, enter	the name of the nev
	Enter Flor	ida street address	
		Florida	
New Registered Agent's Signature, if changing Registered Agent:	Ciţv		Zip Code
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent and agree provides the obligations of my position as registered agent and agree provides the obligations of my position as registered agent and agree provides the obligations of my position as registered agent and agree provides the obligations of my position as registered agent and agree provides the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent as paccept the obligations of my position as registered agent agent as paccept the obligations of my position as registered agent as paccept the obligations as a paccept the obligations and the proper agent agen	performance of	my duties, and I am i	Camiliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 8150 Silver Birch Way	Type of Action
AMBR	Antonio V. Reid	Lehigh Acres, FL 33971	Add
			□ Remove
			🖸 Change
MGR	Shanada K. Reid	8150 Silver Birch Way Lehigh Acres, FL 33971	Ø Add
			Remove
			☐ Change
			Renpoye 9
			Change - 8 PM 12tt 40
			-8
			□ Add PM 12
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		PH 12:
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		-
Effective da	ate, if other than the date of filing:April 1, 2023	(optional)
(If an effective Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more date inserted in this block does not meet the applicable statutory filing r	than 90 days after filing 1 Pursuant to 605 03
document's	effective date on the Department of State's records.	
he record	specifies a delayed effective date, but not an effective tim	ae at 17:01 a.m. on the earlier
The 90th	a day after the record is filed.	ie, at 12.01 a.m. on the earlier
Datad	September 7, 2023	
Dated		
		_

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00