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(C	ity/State/Zip/Phone #)	
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	January Carlotte Manager	
(B	usiness Entity Name)	
(D	ocument Number)	
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Special Instructions to	Filing Officer.	~ 1 1
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Office Use Only



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VII

COVER LETTER

	ation Section of Corpor				-						
SUBJECT:	51	ravn	O ISON	S mited Li	・ ピレント C lability Com	ies nanv					
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The enclosed Art	icles of Am	nendment an	d fee(s) are su	ıbmitted	l for filing.						
Please return all o	corresponde	ence concern	ning this matte	er to the	following:						
			Shaun	0	1500	J					
					Name of Pe	erson		•			
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		Redi	ing ton	City	hores	FL Cip Code		337 <i>0</i>	<u> </u>		
	_	Shav	molson E-mail address:	197 (to be u	9 (a) OC sed for futur	H /oo	ic .	مس ن ع otification)	_	
For further inform											
Shaur	Name of Pe	/SON	, ,		at (<u>87</u>	7 _)	24 Davi	3 7-8	79	mber	
Enclosed is a che	ck for the fe	ollowing am	eount:								
\$25.00 Filing	; Fee f	□ \$ 30.00 Fi Certifie	iling Fee & ate of Status		\$55.00 Fili Certified ((additional c	Сору		E	Cert Cert	ified Cor	f Status &

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

Shaur			cel Fic	
(Name of the Lim	ited Liability Company a (A Florida Limited Liab	is it now appears ility Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company we	re filed on	5-25-23	and assigned
Florida document number <u>L 2300025</u>	66221.			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liability	company he	<u>ге</u> :	
The new name must is assunguishable and contain the	words "Limited Liability (Company," the de	signation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if appli	cable: _			
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u> _			
	-			
				2023 AUG
Enter new mailing address, if applicable:	_			
Mailing address MAY BE A POST OFFICE	<u> </u>			
				So ^{-≺} For
				SE SE D
B. If amending the registered agent and/or		ress on our re	cords, <u>enter the n</u>	ame of the new register
agent and/or the new registered office addre				· 🗟 🚥
Name of New Registered Agent:	<i>\</i>	CONK	ShauN	Olsav
New Registered Office Address:	17706 L	ons Por	a street address	
	Reding ton	<u>Slieres</u>	, Florida	0/5 aV 33708 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
MGR	Shavin Olson	17706 Long Point Dr Redington Stones, FL 3370	XAdd
		Redington Stones, FL 3370	8 □Remove
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Signature of a member or authorized representative of a member		<		≥ 2	<u> </u>	<u>e</u>				
			Signature	e of a membe	er or author	ized represe	entative of a n	nember		

Filing Fee: \$20.00