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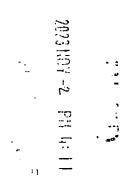
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Taked Sher	herd LLC ded Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all corresp	ondence concerning this matter t	o the following:	
	Christina Gated S	Name of Person Shellerd LLC Finn/Company	
	264 Ceda	ar Preserve	<u>Ln</u>
	Saint Ac	Christiate and Zip Code	32095 = 1/c.com =
	E-mail address: (to	be be be for future annual eport notific	
For further information of	concerning this matter, please ca	11:	11
Mristina Name (P. Registre	at (<u>646</u>) <u>623</u> Area Code Daytime	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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 631	Section Corporations	Street Address: Registration Sect Division of Corp The Centre of Ta	orations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

(A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on and assigned	
Florida document number <u>L 23CCO 2898</u> 78		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" 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:	ئى	
Mailing address MAY BE A POST OFFICE BOX)	: <u>uā</u>	
	الله الله الله الله الله الله الله الله	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new reg	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City Zip Code	

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 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 = Au	thorized Member		
Title	Name	Address	Type of Action
AMBR	Muc David Registre	264 Cedar Preserveln	🗆 Add
	•	264 Cedar Preserveln Saint Algebrae FL 3209	S ⊐Remove
			_ Change
AMBR.	Sean HRegistre	24808 Menghis Ace	_\Add
		24808 Menghis Ave Rosedde, My 11422	□Remove
			□Change
			Add
		·-:	Remove
		·	Change
			- DAdd
		. 11 	□Remove
			□Change
			🗆 Add
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			□Change
			□Add

_____ □Remove

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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date of filing or mo Note: If the date inserted in this block does not meet the applicable statutory filing ocument's effective date on the Department of State's records.	(optional) ie than 90 days after filing.) Pursuant to 605.02 requirements, this date will not be listed
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or Lis filed.	n the earlier of: (b) The 90th day after th
ated Nazenber 2 2023	
Mile	
Signature of a member or authorized representative of	of a member
Christina P Registre Typed or prihid name of signee	
Chirolyna inchibite	

Filing Fee: \$25.00