## 123000354512

(Re	equestor's Name)	
(Ac	(dress)	
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(Či	ty/State/Zip/Phone #)	··· <b>-</b>
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## **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	
SUBJECT: Splendid Shenan Name of Limited Li	ability Company
The enclosed Articles of Amendment and fee(s) are submitted	
Please return all correspondence concerning this matter to the	following:
<u>G.a. V</u> D	Name of Person
Splendid	Firm/Company
14734 Wood La	adge Lane Deleger Beach Bezign
	CM FL 33484  /State and Zip Code
Giavittoria @ E-mail address: (to be u	sed for future annual report notification)
For further information concerning this matter, please call:	
Gia Docato Name of Person	at (305) Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$\times \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$	\$55.00 Filing Fee & Gertificate Of Status & Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee.  Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Solendid Shena	Sigas LLC
(Name of the Limited Liability Compan- (A Florida Limited Lia	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company we Florida document number 123000354512	were filed on $7/27/2003$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	23 AUG 2
Enter new mailing address, if applicable:	- <del>2</del> 2 1
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Placia.

## 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.

City

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	Gia V Donato	14734 Wood lodge lan	<u>C</u> √Add
		14734 Woodlodge lan Delray Beach FL3348	⊈ □Remove
			_ □Change
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f an effe <u>Note:</u>	ve date, if other than the date of filing: 7/26/23 (optional) ective 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 605,0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as tent's effective date on the Department of State's records.
record d is file	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
ated <sub>-</sub>	Ellery Roesch Ctews 8/15/25
	Clary Roesch Crews 8/15/25.  Clary Dans Signature of a member or authorized representative of a member
	Ellery R Crews Typed or printed name of signee