Division of Corporations

Florida **Be**partment o**f S**tate

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHARK PRO SERVICES LLC

Certificate of Status	0
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Page Count	04
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NOV 1 3 2023

11/9/2023 Q7.37:05 PST

To: 18506176383

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From, Registered Agents Inc.

Fax: 8134365206

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shark Pro Services LLC		
(<u>Name of the Limited Liabili</u> (A Flonda	ty Company as it now appears on our record Limited Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability C Florida document number <u>L23000484968</u>	ompany were filed on 10/23/23	and assigned
This amendment is submitted to amend the following:	<u> </u>	
this aneithment is submitted to affelid the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	20
		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:		,
(Mailing address MAY BE A POST OFFICE BOX)		
		
	***************************************	J. **
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	i office address on our records, <u>enter</u>	the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
The same of the sa	Enter Florida street addres	
	, FI	orida
	City	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.

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To. 18506176383

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From: Registered Agents Inc

Fax: 8134365206

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	Saif Ibraheem	2298 Bruner Lane	⊡ Add
		Fort Myers, FL 33912	□Remove
			Change
			□Add
			□Remove
			□ Change
		- 7	□Add
			□Remove
			\tag{Change}
			□Add
			□Remove
			Change
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			□Change
			DAdd
			□Remove
			□ Chance

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ffective date, if other than the an effective date is listed, the date in force: If the date inserted in this locument's effective date on the	block does not meet the appli	icable statutory filing requir	(optional) 90 days after filing.) Pursuant to 605.0 rements, this date will not be listed
record specifies a delayed effect d is filed.	ive date, but not an effective	time, at 12:01 a.m. on the c	arlier of: (b) The 90th day after t
Pated November 9	2023		
	AraA-	SMARY	

Filing Fee: \$25.00

Typed or printed name of signee