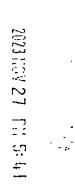
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Office Use Only

CF 12/8/2023

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SHOE KRA	NZY, LLC			
SUBJECT:	Name of Lim	ited Liability Company	.	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	DEAN R. HALPER, ESQU	JIRE		
		Name of Person		
	HALPER & RUNDELL., I	LLC		
Firm/Company 500 GULFSTREAM BOULEVARD, SUITE 209 Address				
	500 GULFSTREAM BOU	LEVARD, SUITE 209		
		Address		
	DELRAY BEACH, FLOR	IDA 33483		
		City/State and Zip Code		
	DHALPER@MIRSKYANI			
	E-mail address: (to be used for future annual report no	tification)	
For further information c	oncerning this matter, please co	all:		
DEAN R. HALPER, ESC	QUIRE	561 498-5833 e	xt 2	
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
S25.00 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 Address Registration S	Section	Street Address: Registration S		
Division of Corporations P.O. Box 6327		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

(Name of the Limited Liability Company as it now appears on our recor (A Florida Limited Liability Company)	rds V :
,	- ' -
The Articles of Organization for this Limited Liability Company were filed on NOVEMBER 6. Florida document number L23000503986	. 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LL	C" 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:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office address on our records, ente agent and/or the new registered office address here:	r the name of the new registered
Name of New Registered Agent:	

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
MBR	MARLENE SHUB	6759 NEWPORT LAKE CIRCLE	□Add
		BOCA RATON, FLORIDA 33496	■Remove
		 	□Change
MBR	EARL SHUB	6759 NEWPORT LAKE CIRCLE	■ Add
		BOCA RATON, FLORIDA 33496	□Remove
			□Change
	 		🗖 Add
			□Remove
			□ Change
			□Add
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			Change

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