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Sarah Sarah Sarah

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SERBER & ASSOCIATES, P.A.

Account Number : I20000000083 Phone : (305)932-6262 Fax Number : (305)933-9393

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

Email Address: info@Serberlawfirm.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHELLBY ATLANTIC, LLC

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K. SALY

JAN 1 7 2024

(FAX)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SHELLBY ATLANTIC, LLC

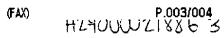
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Compa	any were filed on 17/29/202	3 and assigned
Florida document number L23000527201		
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "Limited l	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 ADDRESS)	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
•		,
B. If amending the registered agent and/or registered registered agent and/or the new registered office address b	l office address on our recor <u>tere</u> :	rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	recs
	City	Florida 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			
			□ Add
			Remove T
			Add P
			[].Remove
			Remove
			□ Add
			□ Remove
			□ Add
			☐ Remove

• -	n, enter change(s) here: (Attach additional sheets, if ne ticle V: Management:	cessary.)
The management	of the Limited Liability Company i	s
reserved to the M	embers.	
the date this document is filed by the Florid	e prior to date of receipt or filed date and cannot be more than 90 day a Department of State)	tional) 's after
(The effective date must be specific, cannot it	e prior to date of receipt or filed date and cannot be more than 90 day	
(The effective date must be specific, cannot the date this document is filed by the Florid Dated January 12	e prior to date of receipt or filed date and cannot be more than 90 day a Department of State)	

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