## L24000055524

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations	en e	<b>a</b>
SUBJECT: SHARTON	LIT SREVICES LLC		•
SUBJECT: STUDY	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	Q		
	Sharon T McIntyre	N	
		Name of Person	
	Sharton IT Services LLC		
		Firm:Company	
	139 Ullain Trail		
		Address	
	Palm Coast Florida 32164		
		City/State and Zip Code	
	shartonitservices@gmail.com	n o be used for future annual report not	· · · · · · · · · · · · · · · · · · ·
For further information c	n-man address. (o oneerning this matter, please ca	·	Hiteation
Sharon T McIntyre		at (919) 221-0809	
	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration 9		<u>Street Address:</u> Registration Sc	
Division of C		Division of Co	•
P.O. Box 632		The Centre of	
Tallahassee, l	rl 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

B13 M 9.0

## SHARTON IT SREVICES 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	ny were filed on $\frac{JA}{A}$	NUARY 30, 2024	and assigned
Florida document number <u>L24000055524</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company he	<u>re</u> :	
SHARTON IT SERVICES LLC			
The new name must be distinguishable and contain the words "Limited Li	ability Company," the d	esignation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>		
(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 agent and/or the new registered office address here:  Name of New Registered Agent:	ce address on our r	ecords, <u>enter the name of</u>	the new registered
New Registered Office Address:	Enter Flor	ida street address	
		Florido.	
	City	Florida	Zip Code
New Registered Agent's Signature, if changing Registered Age	nt:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered off company has been notified in writing of this change.	ete performance of as provided for in C	my duties, and I am fam. Thapter 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
		<del></del>	
			☐ Change
			□Add
			□Change
			□Add
			□Change
	<del> </del>		□Add
			□ Remove
			□Change
			□Add
			⊡Remove
			☐Change
			□Add
		<del> </del>	□Remove
			□Change

. If amending any other	er information, enter change(s) here: (Attach additional sheets, if necessary.)
<del></del>	
<del></del>	· • · · · · · · · · · · · · · · · · · ·
<del></del>	· · · · · · · · · · · · · · · · · · ·
	, <u>, , , , , , , , , , , , , , , , , , </u>
(If an effective date is listed Note: If the date insert	er than the date of filing:
he record specifies a dela ord is filed.	ayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated FEBRUARY 8	the sum of the
/	Signature of a member or authorized representative of a member  Sharva M I Hipe

; ;