L24000188620

(Requestor's Name)	
(Address)	
(Address)	· · · · · ·
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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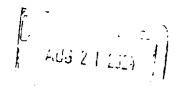




August 8, 2024

DAVID BARCALA LURGI 4540 NW 107 AVE #205 MIAMI, FL 33178

SUBJECT: SHOMA D & R LLC Ref. Number: L24000188620



We have received your document for SHOMA D & R LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as: it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishabe from the one presently on file.

The document number of the name conflict is L04000023174.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 524A00017268

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

SHOMA D & R LLC

(<u>Name of the Limited Li</u> (A Fi	i <mark>ability Company as it now appears on our records.</mark> Iorida Limited Liability Company)	<u>.</u>)
The Articles of Organization for this Limited Liabili Florida document number L24000188620	ity Company were filed on 04/22/2024	and assigned
This amendment is submitted to amend the followin	ığ:	
A. If amending name, enter the new name of the	limited liability company here:	
Millionarie Brothers Investments, LLC		
The new name must be distinguishable and contain the words '	"Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	<u>~ 20</u>
Principal office address MUST BE A STREET AI	DDRESS)	24 A
		UG LA
		PAS HAS
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX	ý)	Est 🗜 C
		- 12 3 g
 If amending the registered agent and/or regist agent and/or the new registered office address he 		he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:		rida Zip Code

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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ffective date, if other an effective date is listed. lote: If the date inserte ocument's effective date	he date must be specific d in this block does no	and cannot be pri ot meet the appl	icable statutory	or more than 90 day			
record specifies a delay t is filed.	ed effective date, but	not an effective	time, at 12:01 a	i.m. on the earlier	of: (b) The 90t	h day after	r the
ated <u>08 - 14</u>	-2024	·		Ø.			
				ative of a member			

Filing Fee: \$25.00