# L24000418019

(Requestor's Name)
(Address)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:





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DEC 07 S. PRATHER

## **COVER LETTER**

### Registration Section Division of Corporations

	Name of Lim	ited Liability Company	
enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ise return all correspo	ondence concerning this matter	to the following:	
	Sean Sheehan		
		Name of Person	<del></del>
	Sheanu, LLC		
	<u></u>	Firm/Company	<del></del>
	65 Woodberry Road		
		Address	
	Deer Park, II. 60010		
	irish5120@gmail.com	City/State and Zip Code	<del></del>
- Combon in Communication		to be used for future annual report notif	lication)
an Sheehan	oncerning this matter, please c	215 692-3569	
Name o	f Person	Area Code Daytime	2 Telephone Number
closed 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 Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheanu LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) Liability Company)	, CD
Articles of Organization for this Limited Liability Company da document number 4240648.	were filed on $9/25/34$ and assigned $24000418019$	AH 8: 24
amendment is submitted to amend the following:	- ,	
f amending name, enter the new name of the limited liabi	ility company here:	
ew name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
r new principal offices address, if applicable:	890 AIA BEACH BLIH	_
cipal office address MUST BE A STREET ADDRESS)	UNIT 72 St. Augustie Beach, Fl. 3	1005c
r new mailing address, if applicable:		_
ling address MAY BE A POST OFFICE BOX)		-
amending the registered agent and/or registered office a tand/or the new registered office address here:	address on our records, enter the name of the new registe	:red
Name of New Registered Agent:		-
New Registered Office Address:		<u>.</u>
	Enter Florida street address	
	, Florida	-
Registered Agent's Signature, if changing Registered Agent:	·	
eby accept the appointment as registered agent and agre	e to act in this capacity. I further agree to comply with a	the

isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and of the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

pany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

nending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added moved from our records:

R = Manager

BR = Authorized Member

<u>Name</u>	<u>Address</u>	Type of Action
	Unit 72	
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		☐ Change

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ective date is list If the date inse	ner than the date of find, the date must be specific reed in this block does not date on the Department.	and cannot be prior to of meet the applicat	date of filing or more the	(optional) an 90 days after filing.) uirements, this date	Pursuant to 605.020 will not be listed a
d specifies a de	layed effective date, but	not an effective tim	ie, at 12:01 a.m. on th	e earlier of: (b) The	90th day after th
	17	4			
<u>.</u>	8/00		<u>.</u>		
	Signature o	,	ized representative of a r	member	<del></del>
/	Sean	1 She	ehAn		

Filing Fee: \$25.00