250036/169

(Requestor's Name)		
(Address)		
, ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
·		
Out to the second of Out to		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
openial mondounte to 1 ming officer.		

Office Use Only



800459447358

SECRLAHASSEE

1. 71277 (217) 4- 15 1125 (C

2025 OCT 15 PH W 103

AB

COVER LETTER

Tallahassee, FL 32314

TO: Registration Sec Division of Corp			FILED
SUBJECT: SAAR	Endictions	LLC	
3003LC1	Industries Name of Lim	nted Liability Company	2021 15 PM 4: 25
			Stonlingy to Equi. TALLAHASSEF.FI
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	FALLAHASSFE, FL
Please return all correspor	idence concerning this matter	to the following:	
	Talha	Siddig 19 Name of Person	
		Firm Company	
	6609 2	-7 th Are V	
		City State and Zip Code to be used for future annual repor	
For further information co	neerning this matter, please co	all:	
Talka Sidd Name of) a / P Person	at (<u>202</u>) <u>35</u> Area Code D	1 - 1 9 7 4 aytime Telephone Number
Enclosed is a check for the	: following amount:		
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing Address</u> Registration So		<u>Street Addre</u> Registration	
Division of Co	rporations	Division of	Corporations
P.O. Box 6327		The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

SOAR Indistricts (Name of the Limited Liability (A Florida	<u>L,L,C</u>	anae OCT 15	PM 4: 25
		TALLAHA	SSEE FL
The Articles of Organization for this Limited Liability Co	ompany were filed on $_$	8/6/2025	and assigned
Florida document number <u>L 2 5 o 0 o 3611 b</u>	Ĵ .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company }	<u>iere</u> :	
SHERP Plorida LLC			
SHERP PLOTIA LLC The new name must be distinguishable and contain the words "Limi	ted Liability Company," the	designation "LLC" or tl	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDR	<u>ESS)</u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
If amending the registered agent and/or registered igent and/or the new registered office address here:	office address on our	records, <u>enter the t</u>	name of the new registero
general de la			
Name of New Registered Agent:			
New Registered Office Address:	Enter Fle	orida street address	
	Cuy	, Florida	Zsp Code
	- · · · ·		ing Same

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

AMBR = Authorized Member		FILED	
<u>Title</u>	<u>Name</u>	Address 2007 15 PM 4: 25	Type of Action
		<u>SECLITARY 1911</u> TALL AHASSEE, FL	CAdd
		·	□Remove
			Change
			□Remove
			ElChange
			IIRemove
			TChange
			□Remove
			□Change
			TRemove
			\(\sum_\)Change
			ERemove

	2007 15 PM 4: 25
	SEGREMANY - DIAL TALLAHASSEF, FL
Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be proportion. If the date inserted in this block does not meet the approportion document's effective date on the Department of State's record	(optional) for to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3 licable statutory filing requirements, this date will not be listed as this.
ne record specifies a delayed effective date, but not an effective ord is filed.	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated 14/15/25 OC+ 15. 202	thorized representative of a member

•