# L12000122743

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
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S. SAULSBERRY EXAMINER DFC 17 2012

## COVER LETTER

TO: Registration Section **Division of Corporations** SUBJECT:

Sheer Investigations Special Projects LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Cynthia Fletcher Wilson

Fletcher Accounting and Tax Service Inc.

Firm/Company

11 N J St, Suite 5

Address

Lake Worth, FL 33460

City/State and Zip Code

cfletcher@fletchertax1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# Cynthia Fletcher Wilson

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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

Sheer Investigations (Name of the Limited I			our records.)		
The Articles of Organization for this Limited Lia Florida document number L12000122743	ability Company	were filed on Sept 25	5, 2012	and assig	ned
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company," t	the designation "LL	C" or the abl	breviation
Enter new principal offices address, if applica	ble:			2012 TANE	
(Principal office address MUST BE A STREET ADDRESS)				SHEET STATE	1
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>80X)</u>	P O Box 496 Mcintosh, FL 326	664	ARY OF STATE	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered off	ice address here	•	ecords, <u>enter the</u>	name of	the new
Name of New Registered Agent:	Cynthia Flet	cher Wilson			
New Registered Office Address:	11 N J St, S	uite 5			
		Enter Fi	lorida street addre	SS	
	Lake Worth		, Florida <u>334</u>	60	
		City		Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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 608, 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

Page 1 of 3

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			kemove
			Remove
			PIL -1
			mo Add
			Add Add Remove
			Add
			Remove
			Add
			Remove
			Kemove

D. If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Article III
	The purpose for which this limited liability company is organized
	is business development.
Dated _	December 4 2012.
	Thomas 2 Steer
	Signature of a member or authorized representative of a member
	Thomas L. Sheer  Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE

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