

W300036414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

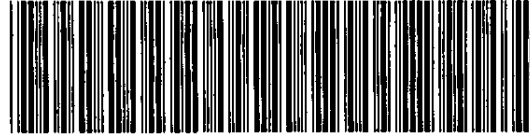
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200283205782

03/14/16--01010--024 **35.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 25 P 4: 26

FILED

MAR 28 2016

CRUC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 15, 2016

SHAWN G. MALLIN
753 LOVEJOY RD
FT. WALTON BEACH, FL 32548

SUBJECT: SHILOH DEVELOPING, LLC
Ref. Number: L03000036414

We have received your document for SHILOH DEVELOPING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 116A00005326

FILED
2016 MAR 25 P 4:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2016 MAR 28 AM 11:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shiloh Developing, 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:

Shawn G. Mallin
Name of Person

Shiloh Developing, LLC
Firm/Company

753 Lovejoy Rd
Address

Ft Walton Beach, FL 32548
City/State and Zip Code

shawn@shilohconstruction.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shawn Mallin at (850) 664-6325
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 25 P 4: 26

FILED

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Shiloh Developing, 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 Company were filed on 9/24/03 and assigned
Florida document number 203000036414.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

753 Lovejoy Rd
Ft. Walton Beach, FL 32548

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

753 Lovejoy Rd
Ft. Walton Beach, FL 32548

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

, Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 MAR 25 P 4:26

Zip Code

FILED

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 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Shawn G. Mallin	S Bay Dr	<input type="checkbox"/> Add
		Ft Walton Beach, FL 32548	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Jennifer Mallin	S Bay Dr	<input checked="" type="checkbox"/> Add
		Ft. Walton Beach, FL 32548	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 MAR 25 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Company Ownership

Shawn G. Mallin 50%

Jenny Mallin 50%

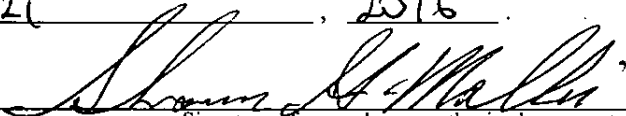
E. Effective date, if other than the date of filing: 1/1/16 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 p.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 3/21, 2016



Signature of a member or authorized representative of a member

Shawn G. Mallin

Typed or printed name of signee

FILED
MAR 25 P 4:27
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA