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11 JUL -6 AM 10: 29

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON - 1 2011 - XAMNER

## **COVER LETTER**

то:	Registration S Division of Co					
SUBJE	CT:	Sherida	an Group LLC			
		Name of Limi	ted Liability Company			
The end	losed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please 1	eturn all corresp	ondence concerning this matter	to the following:			
	Tricia Bean Sheridan					
Name of Person						
Sheridan Group LLC						
Firm/Company						
1405 Glen Haven Drive						
Address						
Merritt Island, FL 32952						
City/State and Zip Code						
	tricia@sheridangroupllc.com  E-mail address: (to be used for future annual report notification)					
For furt	her information of	concerning this matter, please c	·			
	Tricia	Bean Sheridan	at ( 321 ) 2	52-7863		
	Name of Person Area Code & Daytime Telephone Number			Telephone Number		
Enclose	d is a check for t	he following amount:				
<b>₹</b> 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate Copy (additional copy is enclosed)		

MAILING ADDRESS:

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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

SECRETARY OF STATE DIVISION OF CORPORATIONS

11 JUL -6 AM 10: 30

(Name of the Limited (A	Sheridan Group LLC Liability Company as it now appears Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Li Florida document numberL05000060	• • •	06/20/2005	and assigned
This amendment is submitted to amend the follo	wing:		,
A. If amending name, enter the new name of	the limited liability company here	;	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compar	y," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)	<del>-</del>	······································
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u></u>		
B. If amending the registered agent and/or the new registered of		ır records, <u>enter 1</u>	the name of the new
Name of New Registered Agent:	Tricia Bean Sheridan		
New Registered Office Address:	1405 Glen Haven Drive	Tri 1	
	Enter Florida street address		
	Merritt Island	, Florida	32952
	City		Zip Code

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 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

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 = Manager MGRM = Managing Member **Title** <u>Name</u> <u>Address</u> **Type of Action MGRM** 1405 Glen Haven Drive ☐ Add Merritt Island, FL 32952 ✓ Remove ☐ Add ☐ Remove ☐ Add ☐ Remove ☐ Add Remove  $\square$ Add Remove  $\square$ Add □Remov D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 27 2011 Dated\_ Signature of a member or authorized representative of a member

Charles M Sheridan- Tricia Bean Sheridan
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00