

LOG 0000097194

Florida Department of State
Division of Corporations
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((H23000387203 3))



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To:
Division of Corporations
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: bart@fleetsmithlaw.com

LP/LLLPAMENDMENT/RESTATEMENT/CORRECTION
SHALIMAR INDUSTRIES, LLC

Certificate of Status	1
Certified Copy	1
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S. ROBERTS

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Corporate Filing Menu

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COVER LETTER**TO: Registration Section
Division of Corporations.****SUBJECT:** Shalimar Industries, 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:

Edmund Kincaid

Name of Person

Shalimar Industries, LLC

Firm/Company

20 2nd Avenue

Address

Shalimar, FL 32579

City/State and Zip Code

shalimarfence@gmail.com

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

For further information concerning this matter, please call:

Sue Norton

850 651-0795
at ()

Name of Person

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shalimar Industries, 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 October 4, 2006 and assigned
Florida document number L06000097194.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Edmund T. Kincaid

New Registered Office Address: _____

Enter Florida street address

_____, **Florida** _____
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 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

(H230003872033)

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	Theresa C. Goldsmith	20 2nd Avenue	<input type="checkbox"/> Add
		Shalimar, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lilian Martin	20 2nd Avenue	<input type="checkbox"/> Add
		Shalimar, FL 32579	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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