

LO7000056403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

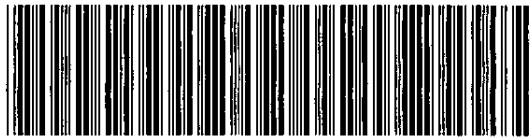
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

James **DATE**
AUTHORIZATION BY PHONE TO
CORRECT title
DATE 11/26/07
DOC. EXAM. _____

Office Use Only



900112323209

11/21/07--01063--007 **25.00

FILED
07 NOV 21 PM 1:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

NRC

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHERIDAN PLAZA 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:

JAMES S. SHERIDAN
(Name of Person)

(Firm/Company)

16613 MILLAN DE AVILA
(Address)

TAMPA, FL. 33613
(City/State and Zip Code)

For further information concerning this matter, please call:

JAMES S. SHERIDAN at (813) 340-4991
(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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

07 NOV 21 PM 1:29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SHERIDAN PLAZA LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 5-29-07 and assigned
document number 207000056403

SECOND: This amendment is submitted to amend the following:

Please Add
Marybeth Sheridan (manager)
to articles of organization

Dated 11-20, 2007.


Signature of a member or authorized representative of a member

James S. Sheridan
Typed or printed name of signee

Filing Fee: \$25.00