

L07000 097 218

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

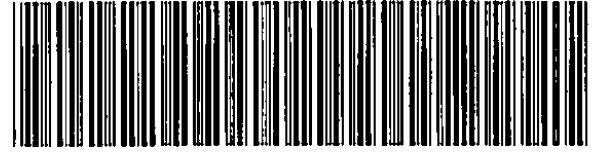
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/03/19--01025--015 **25.00

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OCT 16 2019

2019 OCT 15 PM 3:10



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2019

PHILLIP C SHERROD
P O BOX 427
FELDA, FL 33930

SUBJECT: SHERROD'S RANCH, LLC.
Ref. Number: L07000097218

We have received your document for SHERROD'S RANCH, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 519A00019035

REC-20
2019 SEP 27 11:12:26

*Return Mailed
9/25/19*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sherrod's Ranch 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:

Phillip Sherrod
Name of Person

Sherrod's Heritage
Firm/Company

P O Box 427
Address

Felda, FL 33930
City/State and Zip Code

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

For further information concerning this matter, please call:

Susan Sherrod at (863) 675-4040
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee
see copy of deposited check
- ☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 30, 2019

PHILLIP C SHERROD
P O BOX 427
FELDA, FL 33930

SUBJECT: SHERROD'S RANCH, LLC.
Ref. Number: L07000097218

We have received your document for SHERROD'S RANCH, LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 219A00020137

2019 OCT 15 PM 1:55

TO
ARTICLES OF ORGANIZATION
OF

2019 OCT 15 PM 3:10

Sherrod's Ranch, 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 9/24/2007 and assigned Florida document number L07000097218

This amendment is submitted to amend the following:

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

N/A

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: N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) N/A

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

Name of New Registered Agent: N/A

New Registered Office Address: N/A

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 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 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.

N/A

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

N/A

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
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FEI/EIN number is incorrect
The correct number is 26-2085754

E. Effective date, if other than the date of filing: _____ (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 (

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 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 10/10, 2019.

Phillip C Sherrod

Signature of a member or authorized representative of a member

Phillip C Sherrod

Typed or printed name of signee