

LD8000019299

(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:

L. SELLERS

APR 17 2008

EXAMINER

Office Use Only



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03/27/08--01037--001 **25.00

2008 APR 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

3-21-2008

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Enclosed is an amendment form to add another member to the Corn Farmer Shamus, LLC and the \$25 fee. Please send me a revised Article V listing all the members of this LLC. The document number of this LLC is L08000019299 and the EIN is 35-2330008.

Sincerely,

A handwritten signature in cursive script, reading "Sandra C. Williamson", followed by a long horizontal flourish.

Sandra C. Williamson,
Registered agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Corn Farmer Shamus, 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:

Santha C. Williamson
(Name of Person)

Corn Farmer Shamus LLC
(Firm/Company)

401 Forest Park Cr.
(Address)

Longwood, FL 32779
(City/State and Zip Code)

For further information concerning this matter, please call:

Santha Williamson at (407) 592-3363
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 28, 2008

SANDRA C. WILLIAMSON
401 FOREST PARK CR.
LONGWOOD, FL 32779

SUBJECT: CORN FARMER SHAMUS, LLC
Ref. Number: L08000019299

We have received your document for CORN FARMER SHAMUS, 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 first page of the amendment was not received in this office. A blank form has been returned to you to be completed.

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) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 308A00018621

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Corn Farmer Shamus, 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 2/22/08 and assigned
Florida document number L08000019277

This amendment is submitted to amend the following: To add a new member
see enclosed

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

_____, 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 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)

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2008 APR 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sandra C. Williamson	401 Forest Park Cr. Longwood, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 8-20, 2008

Sandra C. Williamson
Signature of a member or authorized representative of a member
Sandra C. Williamson
Typed or printed name of signee

2008 APR 16 AM 8:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED