## L08000082403

(Re	equestor's Name)	
. (Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	rsiness Entity Nar	me)
(Do	ocument Number)	
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JUN 29 2020

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June 8, 2020

7 SHEPARDS INVESTMENTS LLC 10408 GOLDENBROOK WAY TAMPA, FL 33647

SUBJECT: 7 SHEPARDS INVESTMENTS LLC

Ref. Number: L08000082403

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

OPERATING AGREEMENTS OR AMENDMENTS TO THE OPERATING AGREEMENTS ARE NOT FILED WITH THIS OFFICE. PLEASE RETAIN THEM FOR YOUR RECORDS.

If you have any questions concerning this matter, please either respond in writing or call (850) 245-6050.

Letter Number: 420A00011202

Darlene Connell
Regulatory Specialist II Supervisor

## **COVER LETTER**

TO:

Tallahassee, FL 32314

	Investments LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Montina Shepard		
•		Name of Person	
Name of Person  7 Shepards Investments LLC  Firm/Company  10408 Goldenbrook Way  Address  Tampa, Florida 33647  City/State and Zip Code  7shepards@gmail.com  E-mail address: (to be used for future annual report notification)  r further information concerning this matter, please call:			
	Name of Limited Liability Company  osed Articles of Amendment and fee(s) are submitted for filing.  turn all correspondence concerning this matter to the following:  Montina Shepard  Name of Person  7 Shepards Investments LLC  Firm/Company  10408 Goldenbrook Way  Address  Tampa, Florida 33647  City/State and Zip Code  7shepards@gmail.com  E-mail address: (to be used for future annual report notification)  ter information concerning this matter, please call:  Shepard  Name of Person  Area Code  Daytime Telephone Number		
	Tampa, Florida 33647		
		City/State and Zip Code	
	E-mail address: (I	to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Montina Shepard			
Name o	f Person	Area Code Daytii	me Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

707

7 Shepards Investments LLC			
(Name of the Limite	d Liability Company as i A Florida Limited Liability	t now appears on our records.) y Company)	ח פ
The Articles of Organization for this Limited Lia	ability Company were	filed on 08/28/2008	and assigned
Florida document number L08000082403	·		. T
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability o	ompany here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Co	mpany," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
	_		
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office address here:	ess on our records, <u>enter the i</u>	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	
		Florida,	a
		City	Zin 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 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>	Name	Address	Type of Action
			□Add
			□Remove
			Change
			□ Add
			☐ Remove
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			Remove
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			□Add
			TRemove

Ámendin	g interest of the operating agreement to Montina Shepard 51% and Keith Shepard 49%.
<del> </del>	
<del>7</del>	
-	
(If an effective date Note: If the date	, if other than the date of filing:
he record specific ord is filed.	es a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 16 Dated	, 2020
	Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	V