

L10000058900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

MAY 01 2017

Y SULKER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 19, 2017

JIM STOCKMAN
2579 SW 87TH DRIVE
GAINESVILLE, FL 32608

SUBJECT: 23 WEST PARTNERS, LLC
Ref. Number: L10000058900

We have received your document for 23 WEST PARTNERS, LLC and your check(s) totaling \$115.00. 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) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 517A00007620

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 23 WEST PARTNERS, 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:

JIM STOCKMAN

Name of Person

JAMES J. STOCKMAN, ATTORNEY AT LAW

Firm/Company

2579 SW 87TH DRIVE

Address

GAINESVILLE, FL 32608

City/State and Zip Code

JIM@VIKINGCOMPANIES.ORG

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

For further information concerning this matter, please call:

JIM STOCKMAN

352 415-8014
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

23 WEST PARTNERS, 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 JUNE 2, 2010 and assigned
Florida document number L10000058900.

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:

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

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	SHD REAL ESTATE, LLC	2579 SW 87TH DRIVE	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHD DEVELOPMENT, LLC	2579 SW 87TH DRIVE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32608	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

APPROVED
4/15/2015
4:15 PM
STATE OF FLORIDA

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

SHD DEVELOPMENT, LLC is being removed as Managing Member and

SHD REAL ESTATE, LLC is being added as Manager.

17 APR 20 10:15
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E. Effective date, if other than the date of filing: _____ (optional)

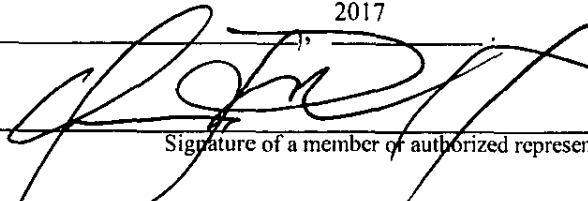
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 APRIL 11, 2017



Signature of a member or authorized representative of a member

SVEIN H. DYRKOLBOTN

Typed or printed name of signee