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EXAMINER

COVER LETTER

Division of Corpo	orations			
SUBJECT:	SHEROB 15 LLC"			
	Name of Limited Liability Company			
The enclosed Articles of Ar	amendment and fee(s) are submitted for filing.			
Please return all correspond	dence concerning this matter to the following:			
	Rick Sherman Name of Person			
	SHEROBIS, LLC Firm/Company			
	Firm/Company			
	903 SW 93 Terrace			
	Plantation FL 33324			
	Plantation FL 33324 City/State and Zip Code Rick 33324 (a) Yahao, com E-mail address: (to be used for future annual report notification)		12 00	٠,
For firsthan information con	E-man address. (to be used for future annual report notification)	į.	1 00	•
roi futurei information con	ncerning this matter, please call:		<u></u>	•
Name of P	Person at (954) 473 1967 Area Code & Daytime Telephone Number		12 OCT -8 PH12: 31	ب د د
Enclosed is a check for the	e following amount:	2		
S25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	of Status Copy		ed)
Registrati	NG ADDRESS: street/Courier Address: tion Section Registration Section Registration of Compositions			

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ SHE ROB 15,	L. L. C.				
(Name of the Limited Liability (A Florida I	Company as it now application ted Liability Compan	oears o	n our	records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on _	12	20	2010	and assigned
Florida document number <u>L 1000012973</u>	<u>\$</u>		•		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ited liability company	<u>here</u> :			
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Co	mpany,	" the d	esignation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDR	RESS)				
Enter new mailing address, if applicable:				T +	. 10
(Mailing address MAY BE A POST OFFICE BOX)	•				8
B. If amending the registered agent and/or regist	tered office address o	n our	reco	rds, enter the	e name of the new
registered agent and/or the new registered office add				t co	12: 3
Name of New Registered Agent:				1 m	
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 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 **Type of Action** <u>Title</u> **Address** Name Rick Sherman Remove ☐ Add Remove Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated October 3, 2012

Control of a member of a member of a member

14 SHEDMAN

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00