L12000005847

(Danuaria da N	(
(Requestor's N	iame)
(Address)	
(Address)	_
(City/State/Zip/	/Phone #)
PICK-UP WA	NT MAIL
(Business Enti	ty Name)
(Document Nu	mber)
Certified Copies Certi	ficates of Status
<u> </u>	····
Special Instructions to Filing Office	er:

Office Use Only ,



100293713651

01/17/17--01029--024 **55.00

17 JAN 17 PH 2: 03

O SIMMONS JAN 18 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Stokes SHC Properties, 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:
Samuel Stokes Name of Person
Stokes SHC Properties, LLC Firm/Company
P.D. Box 493221 Address
Leesburg, 2 34749 State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Samuel Stokes at (352) 136 · 8908 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status S55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

Stokes SHC Properties	LLC
(Name of the Limited Liability Company as it now a (A Florida Limited Liability Comp	ppears on our records.)
The Articles of Organization for this Limited Liability Company were filed of Florida document number <u>L/Q00005847</u> .	on $1.12.12$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	ny 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)	<u> </u>
	The second secon
Enter new mailing address, if applicable:	- 171
Mailing address MAY BE A POST OFFICE BOX)	
	7.
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	is on our records, enter the name of the new
The transmission of the second	
Name of New Registered Agent:	
New Registered Office Address:	
	er 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> **Address Type of Action** Donovan Pennington 3918 SE 20nd St.

Ocala, 41 34471 ☐ Change □ Remove ☐ Change □ Add Remove-T ☐ Change □ Aåd¹ ☐ Remove ☐ Change _□ Add □ Remove ☐ Change □ Add □ Remove ☐ Change

. If amending any of		ones emange((2131407)			
	,					
	· · · · · · · · · · · · · · · · · · ·					
·				······-		
			•••			····
			 		· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·	
						
						THE TANK
						1,, 1
						1 P 1
		<u></u>	·			
						25
						<u> </u>
Effective date, if ot (If an effective date is list Note: If the date inso document's effective	ed, the date must be sp crted in this block do	ecific and cannot b	applicable statute	ling or more than 90 ory filing requirem	(optional) days after filing.) P ents, this date w	tursuant to 605.0207 ill not be listed as
the record specifie) The 90th day at	s a delayed effe ter the record is	ctive date, be	ut not an effe	ctive time, at 1	.2:01 a.m. or	the earlier of
Dated Jan	Uary B	ture of a member of	or authorized repres	sentative of a member	ा	
	Samuel	E. St	OKES J	Γr.		

Page 3 of 3

Filing Fee: \$25.00