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07/31/19--01009--008 \*\*25.00

TANKANASSE AND



## **COVER LETTER**

	1E LLC		
SUBJECT:	Name of Limi	ited Liability Company	<u> </u>
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	SHONDA HEMBY		
		Name of Person	
	SHOME LLC		
	<u> </u>	Firm/Company	
	551 E CREIGHTON RD S	STE E 101	
		Address	
	PENSACOLA FL 32504		
		City/State and Zip Code	
	sohembv@gmail.com E-mail address: (	to be used for future annual report notifi	cation)
For further informatio	n concerning this matter, please ca	all:	
SHONDA HEMBY		850 516-6333	
Nan	e of Person		Telephone Number
Enclosed is a check for	r the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &
O: FLORIDA GPT. JSTATE		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

	SHOME LLC	
(Name of the Limi	ted Liability Company as it now appe: (A Florida Limited Liability Company)	irs on our records.)
The Articles of Organization for this Limited Land document number	iability Company were filed on _	MAY 1, 2012 and assigned
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name o	of the limited liability company h	<u>iere</u> :
he new name must be distinguishable and contain the	words "Limited Liability Company," the	designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	· · · · · · · · · · · · · · · · · · ·
Principal office address MUST BE A STREA	ET ADDRESS)	
		019 JUL 3
Enter new mailing address, if applicable:		P TT
Mailing address MAY BE A POST OFFICE	<u> </u>	N U
		m Z
<ol> <li>If amending the registered agent and egistered agent and/or the new registered of</li> </ol>		on our records, <u>enter the name of the</u>
Name of New Registered Agent:	SHONDA HEMBY	
New Registered Office Address:	3683 BAGWELL RD	
	Enter Fic	orida street address
	PACE	, Florida 32571
	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.

f 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>	Type of Action
MGRM	BECKY SCHWALIER	5497 TUCKER CIR	Add
			■ Remove
		PACE FL 32571	□ Change
	<del></del>		
		☐ Remove	
		Change	
		Add	
	<del></del>	□ Remove	
		Change	
		Add	
		□ Remove	
			☐ Change
			Remove
			Change
			□ Remove
			□ Change

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_	<del></del>
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(If an effective Note: I	date, if other than the date of filing:
	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: th day after the record is filed.
Dated _	2019 Signature of antember or authorized representative of a member
	NO STREET OF STREET

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Typed or printed name of signee

Filing Fee: \$25.00