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DIVISION OF CORPORATIONS
13 MAR 18 PM 1:59

MAR 19 2013

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Two Black Sheep 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:

Carinee' Merritt

Name of Person

Two Black Sheep LLC

Firm/Company

P.O. Box 226

Address

Center Hill, FL 33514

City/State and Zip Code

corn61@hotmail.com

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

For further information concerning this matter, please call:

Carinee' Merritt

Name of Person

at **(352) 409-2167**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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**

Two Black Sheep 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 9/21/2012 and assigned
Florida document number L12000114184

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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 end with 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)

4890 CR 577

P.O. Box 226

Center Hill, FL 33514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 226

Center Hill, FL 33514

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:

4890 CR 577--P.O. Box 226

Enter Florida street address

Center Hill

Florida 33514

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 Changing Registered Agent, Signature of New Registered Agent

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

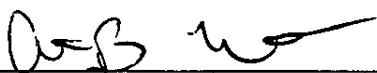
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Brittany Merritt	20259 Sugarloaf Mtn. Rd	<input checked="" type="checkbox"/> Add
		Clermont, FL 34715	<input type="checkbox"/> Remove
MGRM	Carinee' Merritt	4890 CR 577	<input checked="" type="checkbox"/> Add
		P.O. Box 226	<input type="checkbox"/> Remove
		Center Hill, FL 33514	
MGR	Carinee' Merritt	102 S. Palm Ave.	<input type="checkbox"/> Add
		Howey in the Hills, FL	<input checked="" type="checkbox"/> Remove
		34737	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

~~CONFIDENTIAL~~

Dated March 13, 2013



Signature of a member or authorized representative of a member

Austin B. Merritt

Typed or printed name of signee

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Filing Fee: \$25.00

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