

L/2000116797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

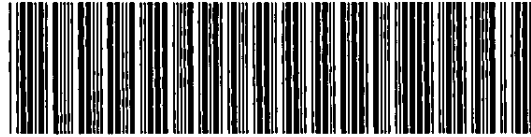
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A. LUNT

SEP 26 2012

EXAMINER

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Stacy Shedd 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:

Joel Stacy Shedd

Name of Person

Firm/Company

6071-402 Jonathans Bay Circle

Address

Fort Myers, FL 33908

City/State and Zip Code

stacyshedd@gmail.com

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

For further information concerning this matter, please call:

Joel Stacy Shedd

Name of Person

at ( 239 )

247-3279

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**Stacy Shedd 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 September 12, 2012 and assigned Florida document number L12000116797.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Joel Stacy Shedd, LLC

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)

6071-402 Jonathans Bay Circle

Fort Myers, FL 33908

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6071-402 Jonathans Bay Circle

Fort Myers, FL 33908

**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:

Joel Stacy Shedd

New Registered Office Address:

6071-402 Jonathans Bay Circle

*Enter Florida street address*

Fort Myers

Florida

33908

*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>
MGRM	Joel S Shedd	6071 Jonathas Bay Suite 402 Fort Myers, FL 33908	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joel Stacy Shedd	6071-402 Jonathans Bay Circle Fort Myers, FL 33908	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

RECORDS DIVISION  
TALLAHASSEE, FLORIDA

2012 SEP 24 PM 4:26

FILED

Dated September 19, 2012

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JOEL STACY SHEDD  
\_\_\_\_\_  
Typed or printed name of signee