

01/10/2013 09:38

3052714422

JIM SIERRA

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Division of Corporations

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : JIM SIERRA & ASSOCIATES
Account Number : 110677000356
Phone : (305) 271-7310
Fax Number : (305) 271-4422

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHERWOMAN LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JAN 10 2013

G. McLEOD

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **SHERWOMAN 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:

JIM SIERRA

Name of Person

TAXSMART LLC

Firm/Company

5550 SW 87 AVE

Address

MIAMI, FL 33165

City/State and Zip Code

SIERRATAXES@GMAIL.COM

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

For further information concerning this matter, please call:

JIM SIERRA

Name of Person

305 271-7310

at ()

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

SHERWOMAN 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 FLORIDA and assigned
Florida document number L12000153821.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
13 JAN 9 AM 10:34
CLERK OF STATE
TALLAHASSEE, FLORIDA

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:

CARMEN COLEY DE PHILP

New Registered Office Address:

505 VIA DEL ORO APT 101

Enter Florida street address

ALTAMONTE SPRINGS

Florida 32714

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.

Carmen Coley de Philp
If Changing Registered Agent, Signature of New Registered Agent

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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	CARMEN COLEY DE PHILIP	505 VIA DEL ORO APT 101	<input type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input checked="" type="checkbox"/> Remove
MGRM	CARMEN COLEY DE PHILIP	505 VIA DEL ORO APT 101	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/> Remove
			<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.)*

ARTICLE III AMENDED:

ANY LAWFULL BUSINESS AND TRUST ("B" TRUST)

Dated **DECEMBER 17 2012**



Signature of a member or authorized representative of a member

CARMEN COLEY DE PHILP

Typed or printed name of signer

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Filing Fee: \$25.00

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