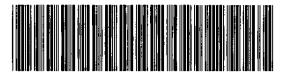
L17000 105424

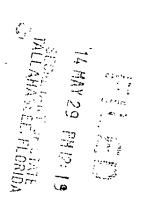
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Doc	cument Number)	
Certified Copies	Certificates	s of Status
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May 22, 2014

PATRICE HICKOMBOTTOM 1809 E BROADWAY SUITE 303 OVIEDO, FL 32765

SUBJECT: SHESIQUE PUBLICATIONS

Ref. Number: L13000105424

We have received your document for SHESIQUE PUBLICATIONS and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00011105

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: Shesi	igue		
SUBJECT:		ited Liability Company	The control of the co
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Patrice Hick	ombottom	
		Name of Person	
	Shesique Pu	ublications	
		Firm/Company	
	1809 e broa	dway suite 303	
		Address	
	oviedo fl 327	765	
	leigh@leighhickon	City/State and Zip Code	
		to be used for future annual report notifi	cation)
For further information co	oncerning this matter, please ca	all:	
Leigh Hicko	ombottom	at (Area Code) 40888 Daytime	87
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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)
Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURIE Registration Section Division of Corpora	ı

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shesique LLC				
(Name of the	the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) pility Company)		
The Articles of Organization for this Lin Florida document number <u>L130001</u>	mited Liability Company wo	ere filed on 7/25/13	and assigned	
This amendment is submitted to amend				
A. If amending name, enter the new	name of the limited liabilit	y company here:		
Shesique publications LL	- C			
The new name must be distinguishable and end	with the words "Limited Liabilit	y Company," the designation "LLC" or th	e abbreviation "L.L.C."	
Enter new principal offices address, i	f applicable:			
(Principal office address MUST BE A	STREET ADDRESS)			
Enter new mailing address, if applica (Mailing address MAY BE A POST O.) B. If amending the registered age	FFICE BOX)	ce address on our records, ente	er the name of the 1	1ew
registered agent and/or the new regis			6-4	
Name of New Registered Age			14 KW 2	<u>.</u>
New Registered Office Addre	55.	Enter Florida street address , Florida		
•		City	Sip Code	•
New Registered Agent's Signature, if ch	anging Registered Agent:		Diff. (p	
I hereby accept the appointment as re provisions of all statutes relative to to accept the obligations of my position being filed to merely reflect a change	he proper and complete pe as registered agent as pro	erformance of my duties, and I ar ovided for in Chapter 605, F.S. C	n familiar with and Or, if this document is	the:

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	Nama	Adduson	Tomo of Author
<u>Tiue</u>	Name	Address	Type of Action
			Remove
			🖾 Add
			Remove
			
			Add
			Add Add Reimove
			Add:
			Remove
1.1.7			PH 12 Add
			☐ Remove
			la Remove
			Add
			🗖 Remove

Effective date, if other than the of the effective date must be specific, cannot the date this document is filed by the Flor	ot be prior to date of receipt or filed date and o	cannot be more than 90 days after	
are time and document in money are rive			
	2014		
Dated May 14		3/	

Page 3 of 3

Filing Fee: \$25.00

TALLAHASSEE FLORIDA