

L13000128596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

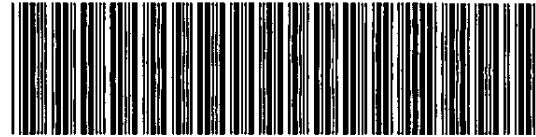
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



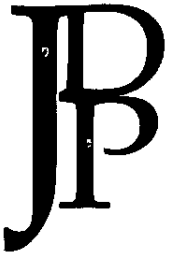
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FILED
2016 OCT 17 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

OCT 18 2016



Law Offices of Jennifer D. Peshke, P.A.

October 14, 2016

Via Regular U.S. Mail
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Shop Prop Holdings, LLC – Articles of Amendment

To Whom It May Concern:

Enclosed please find Articles of Amendment regarding the above referenced entity, together with a check for the filing fee. If all is in order, please file and return confirmation in the enclosed self-addressed, stamped envelope.

If you have any questions, please do not hesitate to contact our office at any time.

Sincerely,

A handwritten signature in black ink, appearing to read 'Heather J. Auten', with a long, sweeping horizontal line extending to the right.

Heather J. Auten, Paralegal

/ha
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHOP PROP HOLDINGS, 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:

JENNIFER D. PESHKE, ESQ.

Name of Person

LAW OFFICES OF JENNIFER D. PESHKE, P.A.

Firm/Company

4733 N. HWY. A1A, STE. 303

Address

VERO BEACH, FL 32963

City/State and Zip Code

JDP@PESHKELAW.COM

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

For further information concerning this matter, please call:

Heather J. Auten, Paralegal

772 231-1233
at ()

Name of Person

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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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TALLAHASSEE, FLORIDA

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 13, 2016

Signature of a member or authorized representative of a member

JENNIFER D. PESHKE, REGISTERED AGENT/ATTORNEY

Typed or printed name of signee