#L14000003473

Florida Department of State
Division of Corporations
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To:
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From:
Account Name : MCDONALD HOPKINS CO., PA
Account Number : I20050000183
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Fax Number : (561)472-2975

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Email Address: jpaul@mcdonaldhopkins.com

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHEPHERD HOUSING I, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	$25.00

K. SALY
EXAMINER
APR 10 2015

Electronic Filing Menu Corporate Filing Menu Help

March 17, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHEPHERD HOUSING I, LLC
P.O. BOX 213517
WEST PALM BEACH, FL 33421

SUBJECT: SHEPHERD HOUSING I, LLC
REF: L14000003473

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The effective date must be specific and cannot be prior to the date of filing.

Please return 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.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H15000066433
Letter Number: 115A00005335

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BUREAU OF DOCUMENT
INFORMATION SERVICES

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHEPHERD HOUSING I, 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:

Jaimie Paul
Name of Person

McDonald Hopkins LLC
Firm/Company

505 S. Flagler Drive, Suite 300
Address

West Palm Beach, FL 33401
City/State and Zip Code

jpaul@mcdonaldhopkins.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call

Jaimie Paul at (561) 472-2121
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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TO ARTICLES OF ORGANIZATION OF

SHEPHERD HOUSING I, 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 1/7/2014 and assigned Florida document number L14000003473.

This amendment is submitted to amend the following:

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

SHEPHERD HOUSE 1, 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)

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

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:
Enter Florida street address

City, **Florida** *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 605, 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

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Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
		_____	☐ Remove
		_____	
_____	_____	_____	☐ Add
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		_____	☐ Remove
		_____	

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E. Effective date, if other than the date of filing: 4/9/15 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13 2015

Signature of a member or authorized representative of a member

SH Manager, LLC, Manager, by Stephen Elliott as Manager

Typed or printed name of signee

Filing Fee: $25.00

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