

#14000003473

04/09/2015 10:01 FAX 561 427 297  
Division of Corporations

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Page 1 of 1

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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EFFECTIVE DATE  
4-9-2015

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

From: Account Name : MCDONALD HOPKINS CO., PA  
Account Number : I20050C00183  
Phone : (561)472-7510  
Fax Number : (561)472-2975

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2015 APR -9 PM 1:48

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

Email Address: jpaul@mcdonaldhopkins.com

15 APR -9 AM 10:00

BUREAU OF COMMERCIAL  
INFORMATION SERVICES

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

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

K. SALLY  
EXAMINER  
APR 10 2015

850-817-6381

3/17/2015 9:34:27 AM PAGE 1/001 Fax Server



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

15 APR -3 AM 10:00

REGISTRATION  
BUREAU OF CORPORATIONS  
INFORMATION SERVICES

(((H15000066433 3)))

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 notifications)

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 32311

(((H15000066433 3)))

EFFECTIVE DATE  
4-9-2015

(((H15000066433 3)))

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)FILED  
2015 APR -9 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDAThe 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 603, 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

Page 1 of 3

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Authorized Member 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>           |
|--------------|-------------|----------------|---------------------------------|
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|              |             |                | <input type="checkbox"/> Remove |
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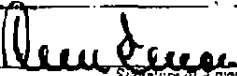
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E. Effective date, if other than the date of filing: 4/9/15 (optional)  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated March 13 2015

  
Signature of a member or authorized representative of a filer who  
SH Manager, LLC, Manager, by Stephen Elliott as Manager  
Typed or printed name of signee

(((H15000066433 3)))