

U4000099710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

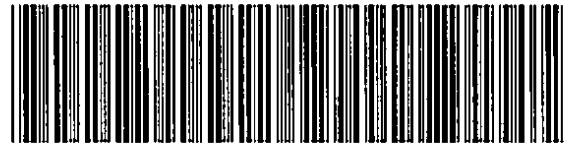
(Document Number)

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08/11/20--0100L -001 \*\*60.00

2020 AUG 10 PM 4:53

FILED

AUG 10 2020  
S. YOUNG



2020 JUN 11 PM 2:15  
FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 9, 2020

ANETTE SKOOG  
SKOOGS SHEEP & CATTLE COMPANY LLC  
PO BOX 641060  
BEVERLY HILLS, FL 34464

SUBJECT: SKOOGS SHEEP & CATTLE COMPANY, LLC  
Ref. Number: L14000099710

We have received your document for SKOOGS SHEEP & CATTLE COMPANY, LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

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) 245-6050.

Shelia H Young  
Regulatory Specialist II

Letter Number: 820A00011372

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SKOOG'S SHEEP & CATTLE CO 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:

ANETTE SKOOG  
Name of Person

SKOOG'S SHEEP & CATTLE CO LLC  
Firm/Company

P.O BOX 641060  
Address

BEVERLY HILLS, FL 34464  
City/State and Zip Code

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

For further information concerning this matter, please call:

Anette Skoog at 352 270 0125  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

SKOOG'S SHEEP & CATLE CO 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 JUNE 14th 2016  
MAY 9th 2016 and assigned  
Florida document number L14000099710

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 contain 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**

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>
_____	MARTIN SCOTT	P.O BOX 641060	_____ <input type="checkbox"/> Add
		BEVERLY HILLS	_____ <input checked="" type="checkbox"/> Remove
		FL 34464	_____ <input type="checkbox"/> Change
_____	_____	_____	_____ <input type="checkbox"/> Add
		_____	_____ <input type="checkbox"/> Remove
		_____	_____ <input type="checkbox"/> Change
_____	_____	_____	_____ <input type="checkbox"/> Add
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		_____	_____ <input type="checkbox"/> Remove
		_____	_____ <input type="checkbox"/> Change

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

Change to one owner; Anette Skoog

E. Effective date, if other than the date of filing: MARCH 1ST 2020 (optional)

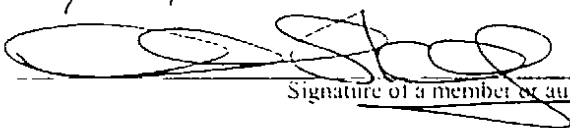
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

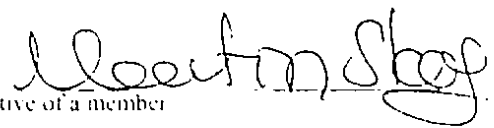
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated

08/01/20



Signature of a member or authorized representative of a member



Anette Skoog

Martin Skoog

Typed or printed name of signer