# 115000001155

Office Use Only



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L15-1155

02/02/15--01021--014 \*\*35.00 Amend



MAR 17 2015 N. CAUSSEAUX

# **COVER LETTER** ..

Division of Corpo			;	ď
SHELLOR SUBJECT:	ASSOCIATES, LLC			
SOURCE.	Name of Lim	ited Liability Company		
The enclosed Articles of Ar	nendment and fee(s) are sub-	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	BRENDA J NEDZW	ECKAS		
		Name of Person		
	SHELLOR ASSOCIA	ATES, LLC		
		Firm/Company		
	713 KITTYHAWK W	/AY		
		Address		
	NORTH PALM BEA	CH, FL 33408		
	<del></del>	City/State and Zip Code		
	shellor3@aol.com			
		to be used for future annual report notifi	cation)	
For further information con	cerning this matter, please ca	all:		
BRENDA J NEDZW	ECKAS	561 723-4570		
Name of P	erson		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)	Certified (	e of Status &

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



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 10, 2015

BRENDA J. NEDZWECKAS SHELLOR ASSOCIATES, LLC 713 KITTYHAWK WAY NORTH PALM BEACH, FL 33408

SUBJECT: SHELLOR ASSOCIATES, LLC

Ref. Number: L15000001155

We have received your document for SHELLOR ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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.

Letter Number: 615A00002756

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 27, 2015

BRENDA J. NEDZWECKAS SHELLOR ASSOCIATES, LLC 713 KITTYHAWK WAY NORTH PALM BEACH, FL 33408

SUBJECT: SHELLOR ASSOCIATES, LLC

Ref. Number: L15000001155

We have received your document for SHELLOR ASSOCIATES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

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.

Letter Number: 315A00004136

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

Fax Cover Sheet

# BRENDA J. NEDZWECKAS 713 Kittyhawk Way North Palm Beach, FL 33408 561-723-4570 (CELL)

Send to: FL DEPT OF STATE	From: SHELLOR ASSOCLITES, LLC
Attention: NANETTE CAUSSEAUX	Date: 3-10-15
Office location: TALLAHASSEE, FL 32314	Office location: NORTHH PALM BEACH, FL
Fax number: 1-850-245-6030	Phone number: 561-723-457)
Urgent Reply ASAP Please comment  Total pages, including cover:	Please review F r your information
Comments:	
NANETTER CAUSSEAUX, REGULARTORY SPECIALIST 11 SUPERVISOR	
ATTACHED PLEASE FIND MY CORRECTED A LETTER. PLEASE PROCESS ACCORDINGLY. 1	
SHELLOR ASSOCIATES, LLC Brenda Nedzweckas	
REF # L15000001155	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELLOR ASSOCIATES, L		
(Name of the Limites	Liability Company as it now appears on ou A Florida Limited Liability Company)	r records.)
The Articles of Organization for this Limited Lia Florida document number L15000001155	bility Company were filed on 1/1/201	5 and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of t	the limited liability company here:	
N/A		40.3
The new name must be distinguishable and end with the w	ords "Limited Liability Company," the designa	tion "LLC" o the addreviation "L.C."
Enter new principal offices address, if applica	ble: N/A	
(Principal office address MUST BE A STREET	ADDRESS)	SST
	<del>,</del>	ma = O
wa	N/A	ORUE
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/o registered agent and/or the new registered off	· ·	records, enter the name of the nev
Name of New Registered Agent:	N/A	
New Registered Office Address:		
	Enter Florida stre	et address
	<u> </u>	, Florida
	City	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

☐ Remove

5618445995

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 AMBR = Authorized Member Type of Action Title Name | <u>Address</u> LORI J BRILLINGER 241 KENSINGTON WAY AMBR ROYAL PALM BEACH, FL 33414 Remove SHELLEY M D'PULOS 2026 BROKEN BRANCH COURT **AMBR** □ Add KATY, TX 77494 ■ Remove N/A □ Add 古 N/A To Remove N/A ☐ Add □ Remove N/A □ Add

5618445995

If amending any other information N/A	i, enter change(s) nere: (Auach ad	attonal sneets, if necersary.)
ffective date, if other than the dathe effective date must be specific, cannot be date this document is filed by the Florid	e prior to date of receipt or filed date and car	(optional) nnot be more than 90 days after
ated JANUARY 27	2015	
& Brenda	2 Hedrucka	2
BRENDA J NEDZWI	hature of a member or authorized represent	extive of a member
	Typed or printed name of sign	ĆE

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Filing Fee: \$25.00