

L15000013764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

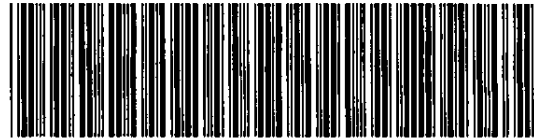
(Business Entity Name)

(Document Number)

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17 JAN 19 PM 3:18

SECTION OF THE COURT

O SIMMONS

JAN 20 2017

01/18/17

Smith and Sheldon Enterprises, LLC changing name to Sheldon Contracting, LLC.

Document # L15000013764

Contact person: Sharony L. Sheldon

Address: 7302 Bahama Swallow Ave Weeki Wachee, FL 34613.

Phone# 352-238-1017

Shesheldon318@gmail.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Smith + Sheldon Enterprises, 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:

Sharony L. Sheldon
Name of Person

Firm/Company

7302 Bahama Swallow Ave
Address

Weeki Wachee, FL 34613
City/State and Zip Code

shesheldon318@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharony L Sheldon at (352) 238-1017
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

Smith + Sheldon Enterprises, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
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ceo	Brian D. Smith	7302 Bahama Swallow Ave	<input type="checkbox"/> Add
		Weeki Wachee FL 34613	<input checked="" type="checkbox"/> Remove

☐ Change

P	Brian J. Sheldon	7091 Centerwood Ave	<input checked="" type="checkbox"/> Add
		Spring Hill FL 34606	<input type="checkbox"/> Remove

☐ Change

ceo	Gregory L. Sheldon	Gregory L. Sheldon	<input type="checkbox"/> Add
(change to ceo)		7302 Bahama Swallow Ave	<input type="checkbox"/> Remove
		Weeki Wachee FL 34613	<input checked="" type="checkbox"/> Change

VP	Sharon L. Sheldon		<input type="checkbox"/> Add
		7302 Bahama Swallow Ave	<input checked="" type="checkbox"/> Remove

(Remove as vice president, keep as Registered agent)

		Weeki Wachee FL 34613	<input type="checkbox"/> Change
--	--	-----------------------	---------------------------------

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

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7 JAN 19 11:38
TAMPA, FL

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

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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 Jan 18, 2017.


Signature of a member or authorized representative of a member

Greg Sheldon
Typed or printed name of signee