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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 + Shelder Enter prises, 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:
Sharry L. Sheldon Name of Person
Firm/Company
7302 Bahama Swallow Ave
Weeki Wachee Fr 34613 City/State and Zip Code Shesheldon 318 @ qmail. Com E-mail address: (to be used for future annual report, notification)
Shesheldon 318 @ qmail. 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 & □ \$55.00 Filing Fee &

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Omith + Shelds (Name of the Limited Liability Comme	O LO	rs on our records)	,LL		
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	is on the records:			
The Articles of Organization for this Limited Liability Company	were filed on	1/23/15	and	l assign	ed
Florida document number <u>LIS 0000 13764</u>		•		_	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	oility company h	<u>ere</u> :			
Sheldon Contrac		LLC.			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the	designation "LLC" or the	abbreviation	ı "L.L.C	••
Enter new principal offices address, if applicable:	7302	Bahama	Sur	1/61	s due
(Principal office address MUST BE A STREET ADDRESS)	Weeki	Wachee	FL.	341	013
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
			<u> </u>	7	grant 45 Mg
			2		₹ f
B. If amending the registered agent and/or registered o		i our records, <u>ent</u> e	er the nar	<u>ne-of</u>	the-new
registered agent and/or the new registered office address her	<u>'e</u> :		nima . Es	70	in
			-	2	
Name of New Registered Agent:			<u> </u>	ငှာ	
N. B. LOW, A.D.			, , , , , , , , , , , , , , , , , , , ,	$\overline{\alpha}$	
New Registered Office Address:	Enter Flo	rida street address	,		
	City	, Florida _	Zin Co		
	£ 171°		Zm C	SAP	

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

or removed from our records: MGR = Manager AMBR = Authorized Member Title Name Address **Type of Action** Brian D. Smith 7302 Bahama Swallow All Add Ceo Weeki Wachee FL 34613 XRemove ☐ Change BRIAN J. Sheldon 1091 Centerwood fre XAdd Spring Hill Fr 34606 - Remove ☐ Change Leo Gregory Cholden Gregory L. Sheldon DAdd

T302 Bahama Swallow Remove

Whence to CeO)

Weeke Wacke FL3463 & Change (change to CeO) VP Sharony C. Sheldon Dahama Swallow for Add

L Rennove as 1302 Bahama Swallow Frenove

vice President, Keep as Weeki Wachee Fr 34613

Registered agent) Weeki Wachee Fr 34613

Change □ Add □ Remove

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

□ Cipange

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effective date e: If the dat	if other than the is listed, the date me te inserted in this b ective date on the I	ist be specific a lock does no	and cannot be to the ap	prior to date of oplicable stati	filing or more to	han 90 days aft	t ional) er filing.) Pur is date will	suant to 605.0 not be listed
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d J	in 18		, <u>20</u>	17				
	m				resentative of a			
		Signature of	a member or :	authorized ren	resentative of a	member		

Page 3 of 3

Filing Fee: \$25.00