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(Business Entity Name)

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TALLAHASSEE, FLORIDA

OCT 03 2017

YOUNG & RUBICAM

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shanmar, 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:

Carla Turner-Hahn, esq.  
Name of Person

C/O Battaglia, Ross, Dicus & McQuaid, P.A.  
Firm/Company

5858 Central Ave, Ste. A  
Address

St. Petersburg, FL 33707  
City/State and Zip Code

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

For further information concerning this matter, please call:

Carla at (727) 490-1212  
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

Shanmar, LLC

Recon Properties, LLC

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>                   |
|--------------|---------------|--------------------------|---|
| MBR          | Eugene Smiley | PO Box 58                | <input checked="" type="checkbox"/> Add |
|              |               | Tarpon Springs, FL 34688 | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |
|              |               |                          | <input type="checkbox"/> Add            |
|              |               |                          | <input type="checkbox"/> Remove         |
|              |               |                          | <input type="checkbox"/> Change         |

7:00-2:00 PM  
CIVIL SERVICE  
FLORIDA  
2018

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

*(This area is for amendments. A diagonal line is drawn across the space.)*

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

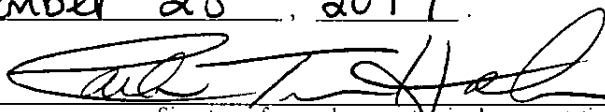
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 September 28<sup>th</sup>, 2017



Signature of a member or authorized representative of a member

Carla Turner-Hahn

Typed or printed name of signee