

L16000019257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

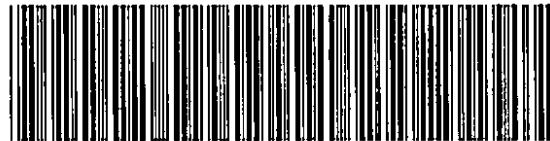
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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FILED  
18 JAN 29 AM 9:28  
STATE OF FLORIDA  
TALLAHASSEE

J. LEGGETT  
JAN 30 2018

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SHS INTERIORS AND CABINETRY MANUFACTURING, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

Steven Leoni

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

2020 W Pensacola Street STE 300

\_\_\_\_\_  
Address

Tallahassee, FL 32304

\_\_\_\_\_  
City/State and Zip Code

sleoni@stevenleoni.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Ellis

850

580-0000

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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

SHS INTERIORS AND CABINETRY MANUFACTURING, 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 01/27/2016 and assigned  
Florida document number L16000019257.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SHS Interiors, LLC

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)**

2020 W. Pensacola Street

STE 300

Tallahassee, FL 32304

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2020 W. Pensacola Street

STE 300

Tallahassee, FL 32304

**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

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18 JAN 29 AM 9:28  
TALLAHASSEE, FL  
CLERK OF CIRCUIT COURT  
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>
M	Steven M. Leoni	2020 W. Pensacola Street	<input checked="" type="checkbox"/> Add
		STE 300	<input type="checkbox"/> Remove
		Tallahassee, FL 32304	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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18 JAN 29 AM 9:28  
FALLS CHURCH  
VIRGINIA

FILED  
18 JAN 29 AM 9:28  
FBI - TAMPA

(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)

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 \_\_\_\_\_, \_\_\_\_\_

Signature of a member or authorized representative of a member

Steven M. Leoni

Typed or printed name of signee

AMERIS BANK  
150 S MONROE ST. SUITE 100  
TALLAHASSEE FL 32301

PAGE: 1  
DATE: SEPTEMBER 8, 2017  
ACCOUNT NUMBER: 2048751249

FOR PERSONAL ASSISTANCE CALL:  
CUSTOMER SERVICE  
866-616-6020

00001017 FIBS466S091117201155 000001 000000 0

SHS INTERIORS AND CABINETRY  
MANUFACTURING, LLC  
BY STUDENT HOUSING SOLUTIONS, LLC  
2020 W PENSACOLA ST SUITE 300  
TALLAHASSEE FL 32304-3186

*SHS INTERIORS, LLC  
↳ Ameris  
↳ Sec of State*

### OVERDRAFT NOTICE

THE ITEMS LISTED WERE PRESENTED FOR PAYMENT AGAINST  
YOUR ACCOUNT ON 09-08-17 CREATING AN OVERDRAFT OF  
\$5,764.10. THE DISPOSITION OF THE ITEMS IS  
INDICATED BELOW:

DESCRIPTION	AMOUNT	DISPOSITION
CHECK 000	29,861.11	PAID

A TOTAL FEE OF \$35.00 WAS APPLIED TO YOUR ACCOUNT  
FOR THE HANDLING OF THESE ITEMS. YOUR ACCOUNT REMAINS  
OVERDRAWN \$-5,799.10. PLEASE MAKE A DEPOSIT TO  
COVER THIS AMOUNT.