

L16000118960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

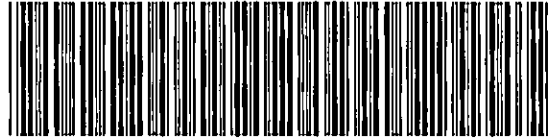
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600314723216

06/21/18--01:18--001 442110

1110
SECRETARY OF STATE
DIVISION OF CORPORATION
18 JUN 21 AM 9:51

N COOPER
JUN 22 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHPS Investment, 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:

Antonio J. Coa

Name of Person

Coa & Associates, LLC

Firm/Company

3812 Miramontes Circle

Address

Wellington, FL 33414

City/State and Zip Code

advisors@coaassociates.com

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

For further information concerning this matter, please call:

Antonio J. Coa

561 9023049
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

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>
AR	Celia N. Martinez	3812 Miramontes Circle	<input type="checkbox"/> Add
		Wellington, FL. 33414	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Eduardo M. Hernandez	3812 Miramontes Circle	<input checked="" type="checkbox"/> Add
		Wellington, FL. 33414	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Karina Ferrari	3812 Miramontes Circle	<input checked="" type="checkbox"/> Add
		Wellington, FL. 33414	<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

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

SECRETARY OF THE
DIVISION OF CORPORATION
18 JUN 21 AM 9:51

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.

(b) The 90th day after the record is filed.

Dated Jun 13

2018

Signature of a member or authorized representative of a member

Eduardo M. Hernandez

Typed or printed name of signee