

**L16000130237**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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AUG 19 2016  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Shepherd CSL, 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:

Christine Menedis

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

Shepherd CSL, LLC

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

6538 Collins Ave, #313

\_\_\_\_\_  
Address

Miami Beach, FL 33141

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

ccm@liveshepherd.com

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

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For further information concerning this matter, please call:

Christine Menedis

305 775-9103

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>                      |
|--------------|--------------------------|-----------------------|--|
| MGR          | Shepherd CapSol CSL, LLC | 6538 Collins Ave      | <input checked="" type="checkbox"/> Add    |
|              |                          | #313                  | <input type="checkbox"/> Remove            |
|              |                          | Miami Beach, FL 33141 | <input type="checkbox"/> Change            |
| MGR          | Shepherd Health, LLC     | 6538 Collins Ave      | <input type="checkbox"/> Add               |
|              |                          | #313                  | <input checked="" type="checkbox"/> Remove |
|              |                          | Miami Beach, FL 33141 | <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            |

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

b

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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)

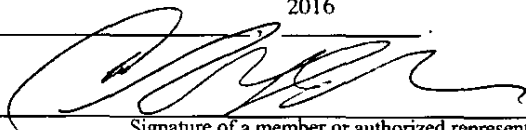
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 9

2016



Signature of a member or authorized representative of a member

Christine Menedis

Typed or printed name of signee