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FALLAHASSEE, FLORIDI

AUG 1 9 2016 S. YOUNG

COVER LETTER

TO: Registration Solution of Con			
Shepherd (CSL, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Christine Menedis		
		Name of Person	
	Shepherd CSL, LLC		$\Rightarrow \phi$
		Firm/Company	5
	6538 Collins Ave, #313		16 AUG 18 PH 1: 28
	-	Address	<u> </u>
	Miami Beach, FL 33141		2
		City/State and Zip Code	. 25
	ccm@liveshepherd.com	to be used for future annual report notific	
For further information	concerning this matter, please co		asony
Christine Menedis	,,	305 775-9103	
Name	of Person	at ()at () Area Code Daytime T	Celephone Number
Enclosed is a check for t	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)
	LING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shepherd CSL, LLC		
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) la Limited Liability Company)	
The Articles of Organization for this Limited Liability O	Company were filed on 7/11/16	and assigned
Florida document number L16000130237	······	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	as or the last
		3 28
		AUG
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		a 35
		7 F
		T 925
B. If amending the registered agent and/or registered agent and/or the new registered office add		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	City	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>	Address	Type of Action		
MGR	Shepherd CapSol CSL, LLC	6538 Collins Ave	■ Add		
		#313	Remove		
		Miami Beach, FL 33141	□ Change		
MGR	Shepherd Health, LLC	6538 Collins Ave			
		#313	Remove		
		Miami Beach, FL 33141	□ Change PS		
·			AH ASSET		
			□ Remove		
			Remove Change		
			□ Add		
			Remove		
			Change		
			□ Add		
	1		□ Remove		
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Effective date, if other than the	date of filing	.			(optional)		
f an effective date is listed, the date mu	t be specific and	l cannot be pric	or to date of filin	g or more than 9	0 days after filing	.) Pursuant to 605	5.0207 (
Note: If the date inserted in this bl document's effective date on the D	ock does not n epartment of S	neet the appli State's record	cable statutory s.	tiling require	ments, this date	will not be list	ed as th
ne record specifies a delayed The 90th day after the rec	effective dord is filed.	late, but n	ot an effect	ive time, at	12:01 a.m.	on the earli	er of:
Dated August 9	$\overline{}$	2016					
Jaicu	<i>7///</i>		· ·	~			
			- (•			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00