L16000168633

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entry Name)
(Document Number)
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10/23/23--01037--011 **60.00

DIVIDION OF CONTRACT.



COVER LETTER

TO: Registration Section

Div	ision of Cor	porations				
eun in or	PM INSPIR	RATIONS, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
	PEGGY M SMITH					
	Name of Person					
CHANGE TO: SMITH'S SHE SHED, LLC						
	Firm/Company					
	5565 INSPIRATION STREET					
		. , , .	Address			
		MILTON, FLORIDA 325	70			
			City/State and Zip Code	e		
		sheshedmilton@gmail.com		1		
For further in	iformation c	e-mail address: (to be used for future annuall:	u report nouncation)		
PEGGY M S	SMITH		850 3	90-0991		
	Name o	f Person	at () Area Code	Daytime Teleph	one Number	
Enclosed is a	check for th	ne following amount:				
□ \$25.00 F	filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy tadditional copy is ea		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	iling Addres gistration S			Address: ration Section		
		orporations	_	on of Corporation	ons	
). Box 632			entre of Tallaha		
Tal	lahassee, I	·L 32314	2415 N	N. Monroe Stree	t, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Frida Elimet	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.16000168633	were filed on 9/9/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SMITH'S SHE SHED, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	SMITH'S SHE SHED, LLC	
Principal office address MUST BE A STREET ADDRESS)	5565 INSPIRATION STREET	2027
	MILTON, FL 32570	2
		<u> </u>
Enter new mailing address, if applicable:	SMITH'S SHE SHED, LLC	+ 33°H P:
Mailing address MAY BE A POST OFFICE BOX)	5565 INSPIRATION STREET	<u> </u>
1.200.00	MILTON, FL 32570	
3. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new register
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:		
•	Enter Florida street address	
•	, Florida	
		Zip Code

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
			□Add
			□ Remove
		 	☐ Change
			□Add
			Remove
			☐Change
			□Add
			[]Remove
			□Change
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
		.	□Add
			Remove
			□Chanve

nmending any other informa				•	

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ective date, if other than the effective date is listed, the date muster. If the date inserted in this blument's effective date on the D	t be specific and cannot ock does not meet the	ot be prior to date of : he applicable statu	filing or more than 90 tory filing requiren	(optional) days after filing.) Purnents, this date will	suant to 605.0207 (3)(b) not be listed as the
cord specifies a delayed effective filed.	e date, but not an ef	fective time, at 12	:01 a.m. on the ear	lier of: (b) The 900	h day after the
ed NOVEMBER 6	. 202	23			
:	Signature of a membi	er or authorized repr	esentative of a memb	Pacsa er	An.Sm
PEGGY M SMITH	-	·			
	Type	d or printed name of	f signee		

Filing Fee: \$25.00