## 17000028386

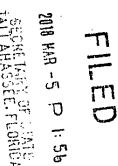
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## **COVER LETTER**

Division of Co	rporations		
Sheppgirlz SUBJECT:	Errands Advocacy & More,LL	.c	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Sylvia Sheppard		
		Name of Person	
	Sheppgirlz Errands Advoc	acy& More, LLC	
		Firm/Company	
	3727 Oleander Ter		
		Address	
	Riviera Beach, Fl 33404		
		City/State and Zip Code	
	sheppgirlz04@gmail.com	to be used for future annual report notific	ation)
For further information of	concerning this matter, please c	•	
Sylvia Sheppard		561 386-0492 at ( )	All Section 1
Name o	f Person	Area Code Daytime 1	Celephone Number
Enclosed is a check for t	he following amount:		Find of
□ \$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:

TO:

**Registration Section** 

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

Sheppgirlz Errands Advocacy & More, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on February 6, 2017 and assigned
Florida document number L17000028386	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:
Sheppard's Health and Advocacy,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:	3727 Oleander Ter
(Principal office address MUST BE A STREET ADDRESS)	Rivera Beach, Fl 33404
Enter new mailing address, if applicable:	3727 Oleander Ter
(Mailing address MAY BE A POST OFFICE BOX)	Rivera Beach, FI 33404
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:  New Registered Office Address:	
<del></del>	Florida 5
	City 7:0 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 amend or remov	ing Authorized Person(s) authoriz ed from our records:	red to manage, enter the title, name, and address of each person being added
	Manager Authorized Member	
<u>Title</u>	<u>Name</u>	Address Type of Action
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Filing Fee: \$25.00