

L170000037192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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17 MAY 31 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

627



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 4, 2017

SHIELA GOMEZ  
411 WALNUT ST #12232  
GREEN COVE SPRINGS, FL 32043

SUBJECT: SHIELA GOMEZ, LLC  
Ref. Number: L17000037192

We have received your document for SHIELA GOMEZ, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II Supervisor  
Registration/Qualification Section

Letter Number: 217A00008825

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHIELA GOMEZ, 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:

SHIELA GOMEZ

Name of Person

SHIELA GOMEZ, LLC

Firm/Company

411 WALNUT ST #12232

Address

GREEN COVE SPRINGS, FL 32043

City/State and Zip Code

TOPHERGZ@GMAIL.COM

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

For further information concerning this matter, please call:

WANDA GOMEZ

Name of Person

at ( 305 ) 350-8352

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

2017 MAY 30 AM 9:58

TALLAHASSEE

TS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHIELA GOMEZ, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 2/15/2017 and assigned  
Florida document number L17000037192.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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17 MAY 31 AM 7:10  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>CHRISTOPHER GOMEZ</u>	<u>2111 NW 82 WAY</u> <u>SUNRISE, FL 33322</u>	<input checked="" 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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17 MAY 3 AM 7:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

17 MAY 31 AM 7:10  
SECRETARY OF STATE  
WASHINGTON, D.C. 20520

**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.

Dated APRIL 27, 2017

Signature of a member or authorized representative of a member

SHIELA GOMEZ

LA GOMEZ  
Typed or printed name of signee