L17000034192

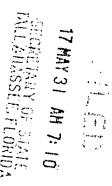
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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May 4, 2017

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.

Letter Number: 217A00008825

Justin M Shivers
Regulatory Specialist II Supervisor
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

10:	Registration Section Division of Corpo			
SUBJE	CT: SHIE	LA GOMEZ, LLC		
		Name of Limi	ited Liability Company	
The one	lanad Autialan af As	·	mined for filter	
i ne enc	nosed Articles of Ar	mendment and fee(s) are sub-	mitted for filing.	
Please r	eturn all correspond	ence concerning this matter	to the following:	
		SHIELA GOMEZ		
			Name of Person	
		SHIELA GOMEZ,	LLC	
			Firm/Company	
		411 WALNUT ST		
		•	Address	
		GREEN COVE SP	RINGS, FL 32043 City/State and Zip Code	
		TOPHERGZ@GM	•	
			o be used for future annual report noti	fication)
For furt	her information con	cerning this matter, please ca	ıll:	
_WAl	NDA GOMEZ	······································	at (<u>305</u>) <u>350-8352</u>	
	Name of P	erson	Area Code Daytim	e Telephone Number
Enclose	d 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)
	Registrati Division of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURI Registration Section Division of Corporn Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations Inter Circle

15

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHIELA GO (Name of the Limited Liability Compa	MEZ, LLC	<u></u> _
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	,
he Articles of Organization for this Limited Liability Company	were filed on2/15/2017	and assigned
Florida document number <u>L17000037192</u> .		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)	-	<u> </u>
		SS 2
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		>> <u></u>
s. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	
	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	CHRISTOPHER GOMEZ	2111 NW 82 WAY SUNRISE, FL 33322	
			□ Remove
			□ Change
			Add
			Remove
			□ Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
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			☐ Remove
			☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing o		
te: If the date inserted in this block does not meet the applicable statutory finance and the date on the Department of State's records.	ling requirements, this date will n	ot be liste
record specifies a delayed effective date, but not an effective he 90th day after the record is filed.	e time, at 12:01 a.m. on th	ne earlie
ed <u>APRIL 27</u> , <u>2017</u>	α	
() ()	2 / Dec.	
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Page 3 of 3

Filing Fee: \$25.00