

L17000086827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

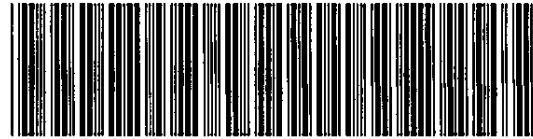
(Business Entity Name)

(Document Number)

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2018 MAY 10 PM 12:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shropshire Rentals 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:

Jeffrey Conrad

Name of Person

Shropshire Rentals LLC

Firm/Company

5379 River Rock Road

Address

Lakeland, FL 33809

City/State and Zip Code

jc40rentals@gmail.com

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

For further information concerning this matter, please call:

Jeffrey Conrad

317 373-2374

at (_____) _____

Name of Person

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

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

Shropshire Rentals 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 April 19, 2017 and assigned
Florida document number L17000086827.

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)

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:

<u>Name of New Registered Agent:</u>	<u>Jeffrey Conrad</u>
<u>New Registered Office Address:</u>	<u>5379 River Rock Road</u> <small>Enter Florida street address</small>
	<u>Lakeland</u> , <u>Florida</u> <u>33809</u> <small>City Zip Code</small>

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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>
AMBR	Jeffrey Conrad		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		5379 River Rock Road, Lakeland, I	<input checked="" type="checkbox"/> Change
AMBR	Julie Conrad		<input type="checkbox"/> Add
		5379 River Rock Road, Lakeland, I	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ju-Wen Conrad		<input type="checkbox"/> Add
		7198 Oakenshaw Drive, Fishers, IN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jonathan Conrad		<input type="checkbox"/> Add
		7198 Oakenshaw Drive, Fishers, IN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 10 PM 12:51

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TALLAHASSEE, FLORIDA

FILED

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 7th 2018

Jeffrey Conrad
Signature of member or authorized representative

Signature of a member or authorized representative of a member

Jeffrey Conrad

Typed or printed name of signee