117000119887

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2017 JUL 10 AH 10: 43

J. HARRIS

COVER LETTER

Division of Corp	porations	
Sheeba Inve	estmentments	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ondence concerning this matter to the following:	
	Mitchell Hare	
	Name of Person	
	Sheeba Investments	
	FimvCompany	
	3785 Long Grove Ln	
	Address	
	Port Orange, Florida, 32129	
	City/State and Zip Code	
	Mhare362@gmail.com	
	E-mail address: (to be used for future annual report notif	lication)
For further information co	oncerning this matter, please call:	
Mitchell Hare	612 805-9701	
Name of	f Person at ()	e Telephone Number
Enclosed is a check for the	ne 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:

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



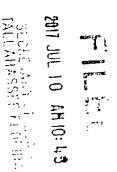
FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2017

MITCHELL HARE 3785 LONG GROVE LN PORT ORANGE, FL 32129

SUBJECT: SHEEBA INVESTMENTMENTS LLC

Ref. Number: L17000119887



We have received your document for SHEEBA INVESTMENTMENTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

Please return 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.

Jenna D Harris Regulatory Specialist II

Letter Number: 517A00012611

2017 ST. 10 ALTE LAZ

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sheeba Investmentments LLC					
(Name of the Limited Liability (A Florida	Company as it now appears on Limited Liability Company)	our records.)		_	
The Articles of Organization for this Limited Liability Company were filed on 06/01/2017			and assigned		
Florida document number L17000119887					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ed liability company here:				
Sheeba Investments L. L. C.,					
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the design	ation "LLC" or the ab	breviatio	n "IL.(· · · · · ·
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)		<u> 図の</u>	28	
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Enter new mailing address, if applicable:			Sign	0	1
(Mailing address MAY BE A POST OFFICE BOX)			1	ž	
				<u> </u>	***
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B. If amending the registered agent and/or register		r records, enter	the na		the ne
registered agent and/or the new registered office addre	ess nere:				
Name of New Registered Agent:		··········			
New Registered Office Address:		 		· · · · · · · · · · · · · · · · · · ·	
	Enter Florida st	reet address			
	ZY.	, Florida	.,		
	City		Zin C	ruta	

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 **Title** Name | <u>Address</u> **Type of Action** _□ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add _☐ Remove ☐ Change □ Add □ Remove _□ Change Remove

☐ Remove

□ Change

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ctive date, if other than the	date of filing: 00/01/2017 t be specific and cannot be prior to date of filing or more	(optional)
e: If the date inserted in this blo	ock does not meet the applicable statutory filing re	quirements, this date will not be listed
ument's effective date on the De	epartment of State's records.	
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ne 90th day after the reco	l effective date, but not an effective time ord is filed.	e, at 12:01 a.m. on the earner
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ed 06/15/2017	Signature of a member or authorized representative of a	member 2