

L17000 162285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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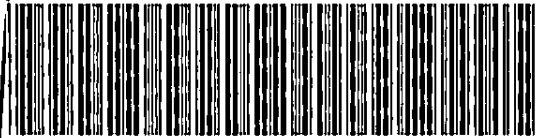
(Business Entity Name)

(Document Number)

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SECRETARY OF  
TALLAHASSEE  
18 JAN -2 AM 7:11

**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: SHEA SUGARS 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:

JENNIFERYOUNGBLOOD

Name of Person

SHEA SUGARS LLC

Firm/Company

1342 SW 44th TER

Address

DEERFIELD BEACH, FL 33442

City/State and Zip Code

JEN.YOUNGBLOOD@HOTMAIL.COM

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

For further information concerning this matter, please call:

JENNIFERYOUNGBLOOD at (954) 330-4740

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

SHEA SUGARS LLC

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

18 JAN - 2 AM 7:11

FILED  
FALLMADON  
011

The Articles of Organization for this Limited Liability Company were filed on 07/31/17 and assigned

Florida document number L17000162285

This amendment is submitted to amend the following:

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

N/A

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**)

1342 SW 44th TER  
DEERFIELD BEACH FL 33442

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

1342 SW 44th TER  
DEERFIELD BEACH FL 33442

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:

N/A (same agent)

New Registered Office Address:

1342 SW 44th TER

Enter Florida street address

DEERFIELD BEACH, Florida 33442

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.

N/A

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>AP</u>	<u>YOUNGBLOOD,</u> <u>MONICA A, MS.</u>	<u>1342 SW 44<sup>th</sup> TER</u>	<input type="checkbox"/> Add
		<u>DEERFIELD BEACH, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>33442</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>YOUNGBLOOD,</u> <u>JENNIFER L, MS.</u>	<u>1342 SW 44<sup>th</sup> TER</u>	<input checked="" type="checkbox"/> Add
		<u>DEERFIELD BEACH, FL</u>	<input type="checkbox"/> Remove
		<u>33442</u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
		<u>                                  </u>	<input type="checkbox"/> Remove
		<u>                                  </u>	<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

18 JAN -2 AM 7: 11

ALLAHABAD

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**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.

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 12/20/17 1:00 pm

My Youngblood  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

MONICA YOUNGBLOOD

Typed or printed name of signee