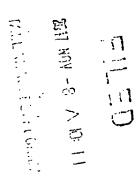
## L17000229273

(R	Requestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
	_	
PICK-UP	WAIT	MAIL
(B	Business Entity Name)	<u>-</u>
(C	Occument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	- Filing Officer	
Special instructions to	o Filing Onicer.	





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D. SCOTT NOV & 2017

		h Avenue. Tallahassee, Florida 32303 ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666
	PICK UP:	VALK IN
	CERTIFIED COPY	
X	РНОТОСОРУ	
, 	CUS	
X	FILING	Ainendment
	SHIELDS CONSTRUCTION (CORPORATE NAME AND DOCUMENT#)	CTION LLC
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT#)	- V
	(CORPORATE NAME AND DOCUMENT #)	
	(CORPORATE NAME AND DOCUMENT #)	

SPECIAL INSTRUCTIONS:

## **COVER LETTER**

TO: Registration Division of C					
SUBJECT:	SHIELDS CO	PHSTRUCTION	LLC		
		mited Liability Company			
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
	Don.	D. SHIELAS  Name of Person		-	
	SHIFLES	CONSTRUCTION Firm/Company	LLC	-	
	15344	BLUE BOAR Address	ROAD	-	
	TALLAHAS	City/State and Zip Code	32310	-	
	E-mail address:	to be used for future annual rep	ort notification)	7 <b>%</b>	
For further information	concerning this matter, please c		; ;	(1)	. ]
Don-	SHIELDS of Person	at ( <u>850</u> ) 72	8-6458	. 😓 1	. 1
Name	of reason	Area Code	Daytime Telephone Number	A (	
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	Certifica d) Certified	te of Status &	•

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

Name of the Limited Liability Compan (A Florida Limited Li		LLC s on our records.	.)		<u> </u>
The Articles of Organization for this Limited Liability Company v	were filed on <u></u>	04.6,2017		and	l assigned
Florida document number <u>L1700229273</u>					
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 Liabili	ty Company," the d	esignation "LLC"	or the a	bbreviatio	n 'L.L.C."
Enter new principal offices address, if applicable:			····	·	
(Principal office address MUST BE A STREET ADDRESS)	<del> </del>			<del></del>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			7.	7 <u>7</u>	. 1
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records,	enter	the na	me of the ne
Name of New Registered Agent:			<u> </u>		
New Registered Office Address:	Enter Flor	ida street address			
		, Flo	rida _	7: 0	<u> </u>
New Registered Agent's Signature, if changing Registered Agent:	City			Zip C	oae

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 Type of Action Address DONA SHIELDS MGR 15344 BLUE BOAR ROAD TALLAHASSEE, FLORIDA 32310 - Remove □ Change BILLY LOVE AMBR 424 CAPITAL S.W. □ Add TALLAHASSER, FL. 32304 🕱 Remove ☐ Change 125 E. MERRITT ISLAND, FLA. # DAdd JOSHUA SHIELDS AMBR MERRITT ISLAUD, PLA-32952 Remove ☐ Change D. JEREMY SHIELDS 175 CARIB DRIVE AMBR □ Add MERRITT ISLAND, FL. 32952 TXRemo ☐ Change  $\square$  Add ☐ Remove ☐ Change . . . □Ądd ☐ Remove ☐ Change

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effective date is listed, the date must be specific and cannot be prior to date of filing or more	optional (optional than 90 days after filing	g.) Pursuani	t to 605.02
If the date inserted in this block does not meet the applicable statutory filing rement's effective date on the Department of State's records.	requirements, this date	will not	be listed a
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Page 3 of 3

Filing Fee: \$25.00