

L18000134903

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

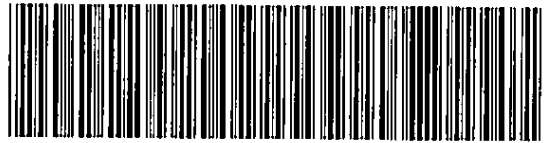
(Business Entity Name)

(Document Number)

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SOUTHERN DISTRICT OF CALIF.

κ SALY  
JUL 10 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 19, 2018

CHRISTINE MENEDIS  
6538 COLLINS AVE #313  
MIAMI BEACH, FL 33141

SUBJECT: SHEPHERD EQUITIES WILDCAT, LLC  
Ref. Number: L18000134903

We have received your document for SHEPHERD EQUITIES WILDCAT, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **Shepherd Equities Wildcat, LLC**

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Christine Menedis**

Name of Person

**Shepherd Health, LLC**

Firm/Company

**6538 Collins Ave, #313**

Address

**Miami Beach, FL 33141**

City/State and Zip Code

**ccm@liveShepherd.com**

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

For further information concerning this matter, please call:

**Christine Menedis**

Name of Person

at ( **305** ) **775-9103**

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☒ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

RECEIVED  
2018 JUN 18 PM 3:06  
DEPARTMENT OF  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

NO \$

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Shepherd Equities Wildcat, LLC

**SECOND:** The Florida Document number of the limited liability company is: L18000134903

**THIRD:** Document to be corrected is: Articles of Incorporation

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Shepherd Health, LLC was incorrectly listed as the Manager. Shepherd Health, LLC is  
the member. Christine Menedis and Naveen Trehan are the Mannagers.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Signature of Authorized Representative

6/17/18  
Date

Signature of new registered agent, if applicable : ( NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation).

**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.*

\_\_\_\_\_  
Registered Agent's Signature

<b>Filing Fee:</b>	<b>\$25.00</b>
<b>Certified Copy:</b>	<b>\$30.00 (optional)</b>