

**Li8000215508**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

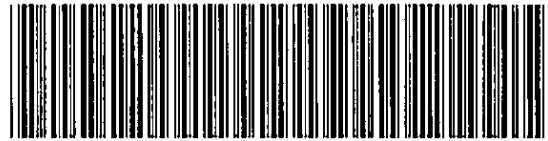
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**400319148114**

10/01/18--01011--002 \*\*25.00

**FILED**  
2018 OCT -8 PM 1:22  
CLERK OF SUPERIOR COURT  
MICHIGAN

D PRUCE  
OCT 20 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2018

ERIC GOLD  
888 BISCAYNE BLVD #1908  
MIAMI, FL 33132

SUBJECT: SHMOSS HOME LLC  
Ref. Number: L18000215508

We have received your document for SHMOSS HOME LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 818A00020844

FILED  
2018 OCT - 8 PM 1:22  
DIVISION OF CORPORATIONS  
FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHMOSS HOME 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:

Eric Gold

Name of Person

SHMOSS HOME LLC

Firm/Company

888 Biscayne Blvd #1908

Address

Miami, FL 33132

City/State and Zip Code

shmosshome@gmail.com

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

For further information concerning this matter, please call:

Eric Gold

786

348-9082

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

FILED  
2010 OCT - 8 PM 1:22  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

## SHMOSS HOME LLC

Page 1 of 3

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	Jean Simas	888 Biscayne Blvd #1908 Miami, FL 33132	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Eric Gold	888 Biscayne Blvd #1908 Miami, FL 33132	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2014 OCT 18 PM 4:22  
FALL RIVER, MA  
CLERK OF COURT  
JULIA A. BROWN

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

We request to change the designated registered agent name and address.

We request to change the mailing address.

We request to add our EIN: 83-1893005

We request to make the Authorized Persons public so they appear on the Detail by Entity Name.

FILED  
2018 OCT -8 PM 1:22  
CLERK OF SUPERIOR COURT  
ALABAMA

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

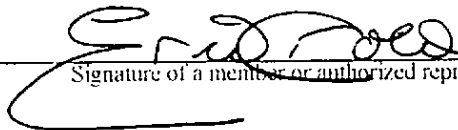
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 September 26<sup>th</sup>, 2018



Signature of a member or authorized representative of a member

ERIC GOLD

Typed or printed name of signer