119000 207695

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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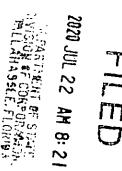
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SEP 04 2020 S. YOUNG

COVER LETTER

TO: Registration S Division of Co			
emptreer		LEGAL SERVICES LLC	
SUBJECT:		ited Liability Company	
	f Amendment and fee(s) are sub	-	
riease return all corresp	ondence concerning this matter	to the following.	
	SHERETTE MILLS		
		Name of Person	
	SHERETTES LEGAL SE	ERVICES LLC	
		Firm/Company	
	P.O. BOX 914		
		Address	
	RUSKIN, FL 33575		
	 	City/State and Zip Code	
	sherettebusiness@gmail.	com to be used for future annual report notifies	stion)
For further information	concerning this matter, please of	· ·	
SHERETTE C. MILLS	-	706 987-7728	
Name	of Person	at () Area Code Daytime T	elephone 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)
<u>Mailing Addre</u> Registration		<u>Street Address:</u> Registration Secti	on

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHERETTES LEGAL SERVICES LLC

SHERETTES LEGAL SERVICES LLC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our reco Liability Company)	ords.) Print 22
The Articles of Organization for this Limited Liability Company Florida document number L19000207695	were filed on 20 AUGUST 2	2019 FOSand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
SHERETTES DOCUMENT PREPERATION AND MORE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	540 8TH STREET SOUT	н
(Principal office address MUST BE A STREET ADDRESS)	ST. PETERSBURG, FL 3	3701
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 914 RUSKIN, FL 33575	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registered
Nino Divisional (2007), Addison		
New Registered Office Address.	New Registered Office Address: Enter Florida street address	
	·	Florida
	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.

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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
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			□Add
			□Remove
			Change

	N/A
	1 AUGUST 2020
(If an e <u>Note</u>	tive date, if other than the date of filing:
f the reco	ord 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 filed.
Dated	20 JULY 2020
	Signature of a member or authorized representative of a member
	SHERETTE C. MILLS

Filing Fee: \$25.00