

L19000 228 451

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

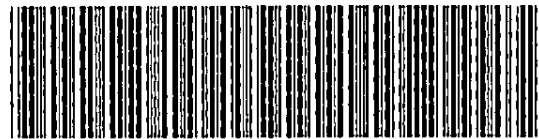
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
05/28

Office Use Only



400361974464

03/15/21--01022--004 **60.00

FILED

2021 MAY 28 A 9:00

S.C.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 3, 2021

BRENDA LE
1006 E. YAGER LN
STE 111
AUSTIN, TX 78753

SUBJECT: SHIPLEY FLORIDA GROUP, LLC
Ref. Number: L19000228451

We have received your document for SHIPLEY FLORIDA GROUP, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

In order to file an amendment, the entity has to be in active status in our records.

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) 245-6050.

Summer Chatham
OPS

Letter Number: 421A00009024

2021 MAY 28 PM 12:46
MAY-28 A 9:00
711 ED

State of Florida

Department of State

I certify from the records of this office that SHIPLEY FLORIDA GROUP, LLC is a limited liability company organized under the laws of the State of Florida, filed on September 18, 2019.

The document number of this limited liability company is L19000228451.

I further certify that said limited liability company has paid all fees due this office through December 31, 2021, that its most recent annual report was filed on May 19, 2021, and that its status is active.

*Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this
the Nineteenth day of May, 2021*



Ronald R. DeBeauvoir
Secretary of State

Tracking Number: 6161895870CR

To authenticate this certificate, visit the following site, enter this number, and then follow the instructions displayed.

<https://services.sunbiz.org/Filings/CertificateOfStatus/CertificateAuthentication>

2021 MAY 28 AM 9:00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SHIPLEY FLORIDA GROUP, 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:

BRENDA LE

Name of Person

FULL TAX SERVICES

Firm/Company

1006 E YAGER LN STE 111

Address

AUSTIN, TX 78753

City/State and Zip Code

fulltaxservices_austin@yahoo.com

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

For further information concerning this matter, please call:

BRENDA LE

512 997-7339

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 Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SHIPLEY FLORIDA GROUP, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/19/2019 and assigned
Florida document number L19000228451.

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 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

27503 BLUE CEDAR LN

SPRING, TX 77386

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:

SOPHEAP KONG CIEM

New Registered Office Address:

6571 E. STATE RD. 70

Enter Florida street address

BRADENTON

City

Florida

34203

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>	<u>Address</u>	<u>Type of Action</u>
MGR.AM	THARITH KONH	2101 STONEWOOD HEIGHTS CT.	<input type="checkbox"/> Add
		PEARLAND, TX 77581	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.AM	OU TAING	3121 ROLLING RIDGE LN.	<input type="checkbox"/> Add
		BRENNHAM, TX 77833	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR.AM	MANITH KONG	7503 BEARDEN FALLS LN.	<input type="checkbox"/> Add
		HUMBLE, TX 77396	<input checked="" 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

2021 MAY 28 A 9:00

[illegible]

(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)

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.


Signature of a member or authorized representative of a member

Typed or printed name of signee

FILED
2021 MAY 28 A 9:00