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## **COVER LETTER**

SUBJECT:	Sheri	Hill LLC.	
SUBJECT.	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Sheri M. Smelley  Name of Person  Firm/Company  201 Bayshore Dr. Address  Mirama Black Pt. 32550  City/State and Zip Code  Coastalhome.showase @ gmail.com  E-mail address: (to be used for future annual report notification)  Information concerning this matter, please call:  Sheri M. Smelley  Sheri H. Smelley  Area Code  Daytime Telephone Number  a check for the following amount:  Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  Sheri H. School Filing Fee  Certified Copy (additional copy is enclosed)		
		Firm/Company	
	201	Bayshore Dr.	<del></del>
	Miram	ion Black, FL 3255	Ö
For further information c	oncerning this matter, please ca	all:	
Sheri 1 Name o	M. Smelley (formal)  (Person Sheri F	at (850) 830-6 Area Code Daytime	D67 Telephone Number
Enclosed is a check for th	ne following amount:		
☐ \$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
Mailing Addres Registration S		Street Address: Registration Sec	tion
Division of C		Division of Corp	

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

Sheri	Hill LLC
( <u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number	1 liability company here:
	Liability Company," the designation "LLC" or the abbreviation "LLC."
The new name must be distinguishable and contain the words "Limited Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)	201 Bayshore Dr.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	201 Bayshove Dr. Miramon Beach, FL 3250
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, enter the name of the new registered
Name of New Registered Agent:	Shwi Smelly
New Registered Office Address:	Shwi Smelly 201 Bayshore Dr. Missure Brach,  Enter Florida street address
Min	rama Black , Florida 32550  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.

f 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
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