

L20000224637

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

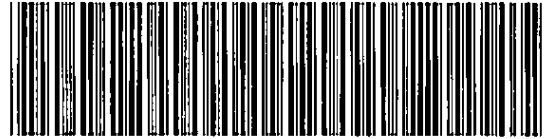
(Document Number)

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09/21/20--01027--016 \*\*30.00

STATE OF CALIFORNIA  
DEPARTMENT OF REVENUE  
SACRAMENTO, CALIFORNIA

2020 NOV 12 AM 8:13

FILED

NOV 13 2020  
S. YOUNG



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2020

LAURIE THERISTAL  
SHILOH7630 LLC  
140 NE 84TH STREET BOX 380954  
MIAMI, FL 33238

SUBJECT: SHILOH7650 LLC  
Ref. Number: L20000224637

We have received your document for SHILOH7650 LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Shelia S Young  
Regulatory Specialist II

Letter Number: 320A00021513

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shiloh7650 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:

Laurie Theristal  
Name of Person

Shiloh7630 LLC  
Firm/Company

140 NE 84th St Box 380954  
Address

Miami, FL 33238  
City/State and Zip Code

misslaurieth@me.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laurie Theristal at ( 786 ) 515-7894  
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

Shiloh7650 LLC

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

2020 NOV 12 AM 8:13  
FILED  
CLERK OF COUNTY OF  
HARRIS

The Articles of Organization for this Limited Liability Company were filed on 07/28/2020

Florida document number L20000224637

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shiloh7630 LLC

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)

**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:

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change


D. If amending any other information, enter changes here.

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)  
If an effective date is listed, the date must be specific and can not be prior to date of filing or more than 90 days after filing. (Paragraph 11.005, 12.005)  
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 (a) \_\_\_\_\_ the 90th day after the record is filed.

Dated 11/12/20

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Laurie Therstal  
\_\_\_\_\_  
Typed or printed name of signer