

L21000183698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

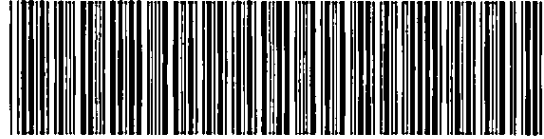
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Received
09/14/21

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S.C.
09/23/21



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07/09/21--01014--016 **30.00

FILED
STATE DEPT OF STATE
DIVISION OF CORP. ADMINISTRATION
21 SEP 14 AM 6:07



2021 SEP 14 AM 7:35

2021 SEP 14 AM 7:35

FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 23, 2021

LANDRANDRA BLACKWOOD
1931 N.E. 51ST STREET
APT 11
FORT LAUDERDALE, FL 33308

SUBJECT: EMERALDSHEA LLC
Ref. Number: L21000183698

We have received your document for EMERALDSHEA LLC and your check(s) totaling \$. 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.

Summer Chatham
OPS

Letter Number: 121A00020146

FILED
DIVISION OF STATE
JULY 2021
21 SEP 14 AM 6:07

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emerald Shea 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:

Ladrandra Blackwood
Name of Person

Emerald Shea LLC
Firm/Company

1126 S Federal Hwy #1117
Address

Fort Lauderdale, FL 33316
City/State and Zip Code

Ladrandra Blackwood@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ladrandra Blackwood at (570) 350-8464
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)

FILED
DIVISION OF STATE
CORPORATIONS
21 SEP 16 AM 7:07

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

Emerald Shea 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 _____ and assigned Florida document number _____.

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)

EmeraldShea LLC
1126 S Federal Hwy #1117
Fort Lauderdale, FL 33316

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

EmeraldShea LLC
1126 S Federal Hwy #1117
Fort Lauderdale, FL 33316

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:

Ladrandra Blackwood

New Registered Office Address:

1126 S Federal Hwy #1117

Enter Florida street address

Fort Lauderdale, Florida 33316

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

FILED
JAN 11 2011
7:07
CLERK OF THE
SOUTH FLORIDA
DEPARTMENT OF
REVENUE

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
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

FILED
STATE OF ARIZONA
CLERK OF SUPERIOR COURT
TULSA COUNTY
APR 7:00
STEP 4

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

Multiple horizontal lines for amending information.

21 SEP 16 AM 7:07
FILING DIVISION
SECRETARY OF STATE
HULLSD


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 68A.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 09-01-2021



Signature of a member or authorized representative of a member

Ladrandra Blackwood

Typed or printed name of signee