

h21 000 514760

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

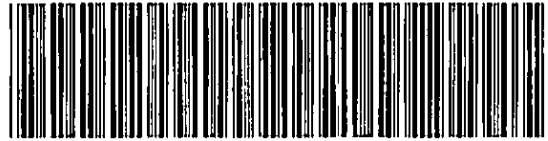
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SECRETARY OF STATE
TALLAHASSEE, FL

AUG 3 2022
S. PRATHER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2022

SHELLEY SELL'S REAL ESTATE IN FLORIDA
4555 SW 52ND CIR UNIT 110
OCALA, FL 34474

SUBJECT: SBHFIXNFLIP LLC
Ref. Number: W22000084835

We have received your document for SBHFIXNFLIP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

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) 245-6939.

Stacy Prather
Regulatory Specialist III

Letter Number: 922A00014156

RECEIVED
TALLAHASSEE, FLORIDA
JUL 1 2022

2022 AUG -3 PM 12:31

Please
use
PO BOX
[Signature]

I'm the owner of
this business.
No one else will.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shelley Sell's Real Estate in Florida
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:

Shelley Hendrickson

Name of Person

Shelley Sell's Real Estate in Florida

Firm/Company

4555 SW 52nd cir unit 110

Address

Ocala, FL 34474

City/State and Zip Code

hendricksonshelley@gmail.com

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

For further information concerning this matter, please call:

Shelley Henrickson

352 427-5666
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**

Shelley Sell's Real Estate in Florida

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

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SECRETARY OF STATE
TALLAHASSEE, FL
and assigned

The Articles of Organization for this Limited Liability Company were filed on 12/06/2021
Florida document number L21000514760.

This amendment is submitted to amend the following:

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

SBHFIXNFLIP 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)

4555 SW 52ND CIR UNIT 110

OCALA, FL 34474

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 1712

OCALA, FL 34478

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:

Shelley Bibler-Hendrickson

New Registered Office Address:

4555 SW 52nd Cir Unit 110

Enter Florida street address

Ocala

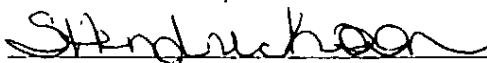
Florida 34474

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

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

Just need my name to match my drivers license and and remove authorized user Shelley sell's real estate in Florida
add my name there. Fixing all the errors

E. Effective date, if other than the date of filing: _____ (optional)

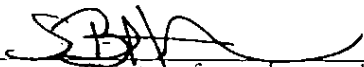
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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

4/26/2022



Signature of a member or authorized representative of a member

Shelby Bibler-Hendrickson

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FL

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