

122 000081633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

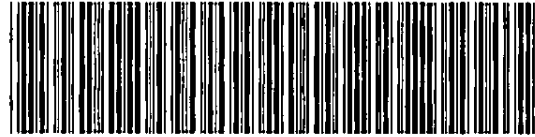
(Document Number)

Certified Copies _____ Certificates of Status _____

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Type of Action

Office Use Only



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03/14/22--01024 -001 +\$30.00

FILED

2022 APR 18 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

A. BUTLER

MAY 11 2022

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Ray Shoemake 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:

Michael Shoemake

Name of Person

Michael Ray Shoemake LLC

Firm/Company

406 Hearthside Ct

Address

Orange Park FL 32065

City/State and Zip Code

mrshoemake@gmail.com

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

For further information concerning this matter, please call:

Michael Shoemake

904 614-0561
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**

Michael Ray Shoemake LLC

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

FILED
2022 APR 18 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 02/21/2022 and assigned
Florida document number L220081633.

This amendment is submitted to amend the following:

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

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

NA

(Principal office address MUST BE A STREET ADDRESS)

NA

NA

Enter new mailing address, if applicable:

NA

(Mailing address MAY BE A POST OFFICE BOX)

NA

NA

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

City

, Florida

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	Michael R Shoemake	406 Hearthside CT Orange Park FL 32065	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Priyawatee Shoemake	406 Hearthside Ct Orange Park FL 32065	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

2022

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Michael Ray Shoemake

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

2022 APR 18 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FL

April 10, 2022

MICHAEL SHOEMAKE
406 HEARTSIDE CT
ORANGE PARK, FL 32065

SUBJECT: MICHAEL RAY SHOEMAKE LLC
Ref. Number: L22000081633

We have received your document for MICHAEL RAY SHOEMAKE 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):

YOU NEED TO CHECK THE TYPE OF ACTION FOR YOUR OFFICERS.

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.

Anissa Butler
Regulatory Specialist II

Letter Number: 022A00008304