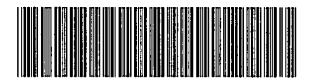
# 122000103699

Office Use Only



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22 MAY 27 PM 3: 21

T. MATTHEWS JUL 13 2022



## RECEIVED

2022 MAY 27 PM 1: 22

## FLORIDA DEPARTMENT OF STATE Division of Corporations TALLAGE SEC. FL

May 6, 2022

JESSICA PUGH 13160 BELLA CASA CIR #1108 FORT MYERS, FL 33699

SUBJECT: SHEPP'S KITCHEN COOP LLC

Ref. Number: L22000103699

We have received your document for SHEPP'S KITCHEN COOP LLC and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Tekayla T Matthews OPS

Letter Number: 922A00010465

www.sunbiz.org

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### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: SHEPP'S K, tchen Coop 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:
Jessica Pughi Name of Person
SHEPP'S Kitchen Coop LLC.
13160 Bella Casa Cir #1108
Fort Myers, F-C 33966 City/State and Zip Code
5 Sheppards 85 @ OMail. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Christopher Shoppard at (315) 383-5625  Name of Person Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$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

## RTICLES OF ORGANIZATION SILEU STATE OF STATE OF CORPORATIONS OF CORPORATIONS

(Name of the Limited Liability Compa	ny as it now appears on our records.)  Clability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22000103499</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	13/60 Bella Casa C:-4/108
(Principal office address MUST BE A STREET ADDRESS)	13160 Bella Casa C41108 For+ Myrrs, FL 33966
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
<del></del>	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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Christopher Sheppard	13/160 Bella Cusa Cir #110	OF Ø\\dd
		Fort myers, FC 53966	🖸 Remove
			□Change
AMBR	Jessica Pugh	13/60 Belly Casa Cir #1108	ØAdd
		Fort Myers, Fl 33966	□Remove
			□Change
		<del></del>	□Add
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			Change
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			OAdd
			Remove
			□Change

<del></del>	
(If an effect Note:   If	e date, if other than the date of filing:
ne record s ord is filed	
Dated	Signature of a member or authorized representative of a member
	CHRISTOPHER SHEPPARD Typed or printed name of signce

• • • •

Filing Fee: \$25.00