

L22000245406

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

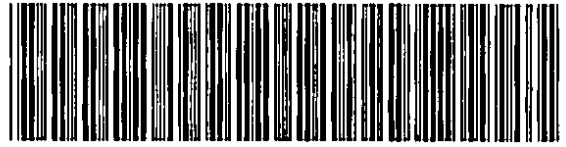
(Business Entity Name)

(Document Number)

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FILED
2022 NOV -8 AM 10:02
SECRETARY OF STATE
TALLAHASSEE FL 32301

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Shermetaro Speaking 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:

John Shermetaro

Name of Person

Shermetaro Speaking LLC

Firm/Company

5486 Mariners cove Dr

Address

Jacksonville FL 32210

City/State and Zip Code

shermetarospeaking@gmail.com

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

For further information concerning this matter, please call:

John Shermetaro

850 559-7499

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 6227
Tallahassee, FL 32307

Street Address:

Registration Section
Division of Corporations
The Center of Tallahassee
2415 N. G Street, Suite 200
Tallahassee, FL 32307

2022 NOV -8 AM 10:02
SECRETARY OF THE
TALLAHASSEE COUNTY

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, I hereby agree that the former filing(s) comply with the provisions of Chapter 605, F.S.

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	Marybeth Shermetaro	5486 Mariners Cove Dr, Jacksonville FL 32210	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marybeth Shermetaro	5486 Mariners Cove Dr, Jacksonville FL 32210	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

SECRETARY OF
TALLAHASSEE
2022 NOV - 8 PM 10:30
2022

Ownership of LLC: 50% John Shermetaro & 50% Marybeth Shermetaro

Ownership of LLC: 50% John Shermetaro & 50% Marybeth Shermetaro

SECRET//NOFORN
TALAM:R0047E-01

(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)

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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 November 11th 2022

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

John Shermetaro

Typed or printed name of signee

Filing Fee: \$25.00