

L23 000182054

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

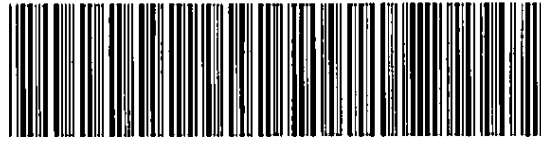
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FILED 2017-01-09 10:17 **25.00

2023 MAY -9 PM 3:22

MAY -9 2023

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: The Shepard Transportation LLC
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jamzie E. Shepard 3rd
Name of Person

Firm/Company

2481 Spring Vale Rd
Address

Jax, FL 32246
City, State and Zip Code

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

For further information concerning this matter, please call:

Jamzie Shepard at (904) 508-8755
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

2023 MAY -9 PM 2:21

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

Articles of Organization for this Limited Liability Company were filed on 4/12/23 and assigned
to document number L23000182054

An amendment is submitted to amend the following:

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

Father and Daughter Transportation LLC
Father and Daughter Transport LLC
Father and Daughter Enterprises LLC
New name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

or new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

8312 Century Pt. Dr. S
Jax, FL, 32016

or new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

8312 Century Pt. Dr. S
Jax, FL, 32016

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:

Michele J Smith

New Registered Office Address:

8312 Century Pt. Dr. S Jax, FL, 32016
Enter Florida street address

Jacksonville, Florida 32016
City Zip Code

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 understand 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.

Michele J Smith

If Changing Registered Agent, Signature of New Registered Agent

Recommending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MR = Authorized Member

	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AM	Calvin J Smith Jr	8312 Century Pt. Dr. S	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
	Michele Smith		<input type="checkbox"/> Change
	Michele Smith	8312 Century Pt. Dr. S ^{Owner}	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

... 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 filing is filed.

Dated 4/9 23

Michele Smith

Signature of a member or authorized representative of a member

Michele Smith

Typed or printed name of signer

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 9, 2023

JAMZIE E. SHEPARD 3RD
2481 SPRING VALE RD
JACKSONVILLE, FL 32246

SUBJECT: THE SHEPARD TRANSPORTATION LLC
Ref. Number: L23000182054

We have received your document for THE SHEPARD TRANSPORTATION 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):

The document number of the name conflict is P21000096455.

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: 023A00010505