L24 000 172 962

(Requestor's Name)	
(Address)	_
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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COVER LETTER

FO: Registration Sec Division of Corp	orations		
SUBJECT: Skep	nerds Field Pr	roperties, LL	<u></u>
The enclosed Articles of A	emendment and fee(s) are submit	aed for filing.	
Please return all correspor	dence concerning this matter to	the following:	
	Steven L	Prescool	
		Name of Person	
	<u>Shep</u> werds	tueld troperty	es, LLE.
	1201 Vero	Beach Wat	
	Paratrana	FL 347	59
	<u> </u>	at (917) 400 - 8145 Area Code Daytime Telephone Number 10.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certificate of Status & Certificate Copy Gadditional copy is enclosed) Certified Copy	
	Shepherdstu	he used for tuture annual report	fmail. Com
For further information co	oncerning this matter, please call		
	A.		- (ulc
Steven L. Vr	ZSCoOl Person	at (917) 430 Area Code Da	ytime Telephone Number
Enclosed is a check for th	ne following amount		,
□ \$25.00 Filing Fee	22 \$30,00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status &

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

Shepherds Field Proper-	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company florida document number 12400172962		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
Enter new principal offices address, if applicable:	othty Company," the designation "LLC" or the abbrev	iation "L.L.C."
(Principal office address MUST BE A STREET ADDRESS)		21
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)		F 11
	Sign of the state	i
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of</u>	the dew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	_
	Florida	
	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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
AMBR	Ariel A. Prescool	1812 Bering bal Poinciana FL 34759	□Add
		Poinciana FL 34759	□Remove
			Change
			□Add
			□Remove
		<u>-</u> —	UChange
			□Remove
			□Change
	<u></u>		□Add
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			TChange
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			DAdd
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			Chanas

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	constant on the name could error from:	
	an Prescool to Arrel A. Prescoel.	
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•		
lan effei <u>Vote:</u> T	date, if other than the date of filing:	0207 d as
record d is file	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated _	June 21st 2024	
	Marsen	
	Signature of a member or authorized appresentative of a member	

Filing Fee: \$25.00