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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2011 JAN 11 AM 10:20

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J. SAULSBERRY
EXAMINER

JAN 13 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: S & H Partners, 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:

Joseph Littky
Name of Person

S & H Partners, LLC
Firm/Company

3016 W. Community Dr.
Address

Jupiter, FL 33458
City/State and Zip Code

Joseph.littky@gmail.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
TALLAHASSEE

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For further information concerning this matter, please call:

Joseph Littky at (561) 385-4131
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

S&H Partners, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 3/26/08
Florida document number L08000030900

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This amendment is submitted to amend the following:

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

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3016 W. Community Dr.
Jupiter, FL 33458

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3016 W. Community Dr.
Jupiter, FL 33458

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:

Joseph H. Littky

New Registered Office Address:

3016 W. Community Dr.

Enter Florida street address

Jupiter
City

Florida

33458

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 608, 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.

Joseph H. Littky

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Julie L. Littky	258 Marlberry Circle Jupiter, FL 33458	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Joseph H. Littky	3016 W. Community Dr. JUPITER, FL 33458	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____

 Signature of a member or authorized representative of a member
 Julie L. Littky

 Typed or printed name of signee

Joseph H. Littky Acceptance by me, I am familiar w/ the obligations of