L10000071231

(Requestor's Name)					
(Address)					
(Address)					
(121,000)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(2004), (2004)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
	l				
	i				
	- 1				
	ļ				
,					

Office Use Only



000184514430

08/27/10--01006--005 **25.00



C. LEWIS

AUG 3 0 2010

EXAMINER

IRA R. SHAPIRO, P.A.

ATTORNEY AND COUNSELOR AT LAW
BAYLEE EXECUTIVE CENTER SUITE 225
16375 NORTHEAST 18TH AVENUE
NORTH MIAMI BEACH, FLORIDA 33162

IRA R. SHAPIRO

DADE: (305) 944-3936 BROWARD: (954) 763-5801 FACSIMILE: (305) 944-3345 E-MAIL: irspa225@yahoo.com

August 24, 2010

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re:

Sharm LLC

Document No.:

L10000071231

To Whom It May Concern:

la l. guapuellus

Please find enclosed an Articles of Amendment to Articles of Organization for the above-referenced limited liability company. Please file the enclosed Amendment. A check in the amount of \$25.00 is enclosed for this purpose.

Sincerely,

IRS/sma

Encl.

scorp waich 82410.1

COVER LETTER

Division of Cor							
SUBJECT:	SH	ARM LLC					
Sobole 1.		ted Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	ir	Ira R. Shapiro, Esquire					
		Name of Person					
	Ira R. Shapiro, P.A.						
	Firm/Company						
	16375 NE 18th Avenue, Suite 225						
	Address						
	North	Miami Reach El 331	62				
	North Miami Beach, FL 33162 City/State and Zip Code						
	ir	spa225@yahoo.com					
	E-mail address: (to be used for future annual repor-	t notification)				
For further information c	oncerning this matter, please of	call:					
Ira	a R. Shapiro	at (_305)	944-3936				
Name of Person		at (305) 944-3936 Area Code & Daytime Telephone Number					
Enclosed is a check for the	he following amount:						
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/CO Registration S Division of C Clifton Build	Corporations				
Tallahassee FL 32314			ve Center Circle				

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LED

2010 AUG 27 PM 2 57

ASSCRETARY OF STATE TALL, MASSEL FLOW, DW

	Sh	arm LLC		arri L'ON,	
(Nat	me of the Limited Liability Co (A Florida Lim	omousy as it now spaces ited Liability Company)	rs on our records,)		
The Articles of Organization f	or this Limited Liability Com	pany were filed on	July 6, 2010	and assigned	
Florida document number	<u>L10000071231</u>				
This amendment is submitted	to amend the following:				
A. If amending name, <u>enter</u>	the new same of the limited	Bability company her			
The new name must be distingui	shable and end with the words	"Limited Liability Compa	my," the designation "Li	C" or the abbreviation	
Enter new principal offices a	ddress, if applicable:				
(Principal office address MU	ST BE A STREET ADDRES	<u> </u>			
Enter new mailing address, i	f applicable:				
(Mailing address MAY BE A					
B. If amending the registe registered agent and/or the s	red agent and/or registers ow registered office address	ed office address on o	our records, enter th	e same of the new	
Name of New Regist	ored Agent:				
New Registered Offi	z Address:			_	
		Enter Florida street address			
		, Plorid			
N W		City		Zip Code	
New Registered Agent's Signal	ITE. II CRIMINE HOUSENESS A				
I hereby accept the appointm the provisions of all statutes accept the obligations of my being filed to merely reflect o campany has been notified in	relative to the proper and c position as registered agen i change in the registered o	complete performance of t as provided for in Ch	of my duties, and I an apter 608, F.S. Or, if	n familiar with and this document is	

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 Address Type of Action Title Name MGR Alfred Waich Add Remove CCS 87328 PO BOX 025323 Miami, FL 33102-5232 Romove ☐ Remove Add Remove Ramove Ramove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Henry E. Waich Toledano Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00