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## **COVER LETTER**

	ition Sect of Corp			
22.12.22.500			IOP GROUP LLC	
SUBJECT:	<u> </u>		ited Liability Company	
The enclosed Arti	icles of A	mendment and fee(s) are sub	mitted for filing.	
Please return all c	orrespon	lence concerning this matter	to the following:	
		JORGE SALCEDO		
			Name of Person	<del></del>
		SALCEDO ATTORNEYS	AT LAW PA	
			Firm/Company	
		200 S BISCAYNE BOULE	EVARD, SUITE 2700	
			Address	<del></del>
		MIAMI, FL, 33131		
			City/State and Zip Code	······································
		DCASTRO@LAWJSH.Co		
			to be used for future annual report n	otification)
For further inforn	nation cor	ncerning this matter, please ca	all:	
J(	ORGE SA		305	3053750640
	Name of I	erson	at () Area Code Dayt	ime Telephone Number
Enclosed is a che-	ck 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

SHUSHOP GROUP LLC		
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
The Articles of Organization for this Limited Liability Company were filed on _	03/22/2017	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the	e designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:		57 63 63
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		+10 mm in
		• • • • •
Enter new mailing address, if applicable:		FS
(Mailing address MAY BE A POST OFFICE BOX)		
<u> </u>		, şe
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:  Name of New Registered Agent:	on our records, <u>enter</u>	the name of the no
New Registered Office Address:  Enter F	lorida street address	
	, Florida	
Ciŋ·		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>	<u>Name</u>	Address	Type of Action
MGR	IBRAHIM MOHAMED	2395 NW 21 TERRACE	
		MIAMI, FL, 33142	■ Remove
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i effective date	, if other than the date of filir e is listed, the date must be specific an	nd cannot be prior to dat	e of filing or more than	90 days after filing.) Pu	rsuant to 605.0
<u>te:</u> If the da cument's effe	te inserted in this block does not ective date on the Department of	meet the applicable : State's records.	statutory filing requi	rements, this date wil	I not be listed
record spe	ecifies a delayed effective	date, but not an	effective time, a	at 12:01 a.m. on	the earlier
he 90th d	ay after the record is filed	I.			A WELL
,	SEPTEMBER 16	2017			
ted					
		\ \	2		
		J	- <b>3</b>		: '. /

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Typed or printed name of signee

Filing Fee: \$25.00