Florida Department of State Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H11000217578 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from thi page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617**-63**83

From:

: CORPORATE CREATIONS INTERNATIONAL INC. Account Name

Account Number : 110432003053

Phone Fax Number

: (561)694-8107 : (561)694-1639

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHARK GROUP LLC

Parent of the theoretical allegate examination in the spirit of an effective formal and allegate the spirit of the	omers per part til det meganiske en beståre b
Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 SEP -2 AM 8: 40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.)
(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on March 10, 2011 and assigned
Florida document number <u>L11000029908</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited list	ility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	18671 Collins Avenue
Principal office address MUST BE A STREET ADDRESS)	Unit 3102
	Sunny Isles Beach, Florida 33160
Enter new mailing address, if applicable:	18671 Collins Avenue
Mailing address MAY BE A POST OFFICE BOX)	Unit 3102
	Sunny Isles Beach, Florida 33160
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.  Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address:	Enter Florida street address
	, Florid2
	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 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.

If Changing Registered Agent, Signature of New Registered Agent

ŧ	Name	Address	Type of Astion	
R	GT Financial Equity Inc.	18671 Collins Avenue Unit 3102 Sunny Tales Beach, Fl. 33	Remove	
			Add Remove	
<del></del>			Add Renzovo	
			Add Remove	
			And Remove	
			'	1
<u></u>				
mend —	ing may other information, exter change(s)	bever (Attach uddittonal theets, if necessary,	Rameve	
mend	ing my other information, cutar change(s)	bever (Attach pildittonal theets, if necessary,	Rameve	
	ing any other information, enter change(e)	beret (Aluch uddittonal thesis, if necessary.)	Rameve	
	ptember 1. 2011	Sportered representatives of a member	Rameve	
	ptember 1. 2011  Light of a member or a Juan Jon Types or p		Rameve	