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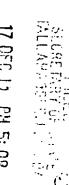
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Special Instructions to	Filing Officer:	





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## **COVER LETTER**

TO: Registration Sect Division of Corpo	tion orations 2917 per co	
SUBJECT:	SHIVE THE STEEL L	T 5:10
The enclosed Articles of A	amendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
•	ALOREW S SIEW	
	SHIUP 17 th Street U.C. Firm/Company	
	8100 500 178 Stroub	
	Palrotto Boy The 3315  City/State and Zip Code  a 5 iew & outhlook. And  E-mail address: (to be used for future annual report notification)	<del></del>
For further information con	ncerning this matter, please call:	
Ambasa   Name of F	S, SQD at (305) 216 100 Person Area Code Daytime Telephon	Re Number
Enclosed is a check for the	: following amount:	
\$25.00 Filing Fee	Certificate of Status Certified Copy (additional copy is enclosed)	660.00 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

NO IT

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

シッ

	OF	70
SHIUP 17th	Street LLC	
(A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	🚅 भूदर्भ
The Articles of Organization for this Limited Liability C	Company were filed on 4/23/2003	and assigned :: and assigned :: ('
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	sited Liability Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD)	RESS)	<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add	·	he name of the new
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 Type of Action **Title** Name ANDRES S. SIEW 8100 SWITESD. \_\_ Add Policello Bay Wa 3387 - Remove Change ☐ Add \_\_\_\_\_ Change ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Change \_\_\_ Remove

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an effectiv	e date is listed	er than the dat , the date must be	specific and	l cannot be p	rior to date	of filing or r	nore than 9	(opti 0 days afte	r filing.) Pw	rsuant to 605.0	020
		ed in this block ate on the Depar				atutory filii	ig require	ments, thi	s date will	not be listed	d a
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ated	12/3			201	<u>A</u> .						
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Page 3 of 3

Filing Fee: \$25.00