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SECRETARY OF STATE DIVISION OF CORPORATIONS

D. BRUCE

JUN 26 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT:		SHARP EN	TERPRISES L.L.C.			
semmer.			ted Liability Company			
		Amendment and fee(s) are sub	-			
Please return	an correspo	ondence concerning this matter	to the following:			
	JEANNIE L ELY					
			Name of Person			
		SHAF	RP ENTERPRISES L.L.C			
		Firm/Company	<u>_</u> _			
		919 ST JOHNS AVE	2 Jt.			
			Address	12 JUN 22 PM 12: 36		
PAL			ATKA, FLORIDA 32177			
		ΙΔΜS	City/State and Zip Code HARP@COMCAST.NET	PH I2:		
		E-mail address: (to be used for future annual report no	tiffication) ω		
For further in	formation c	concerning this matter, please of	eail:			
		ANNIE L ELY	at (_386_)	916-0873		
	Name o	of Person	Area Code & Dayt	ime Telephone Number		
Enclosed is a	check for the	he following amount:				
▼ \$25.00 Fil	ing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
•	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Sec Division of Corp Clifton Building 2661 Executive Tallahassee, FL	oorations Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	NTERPRISES L.L.			
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.		
(**********				
he Articles of Organization for this Limited Liability (Company were filed on	05/07/2003	and assigned	
lorida document number L03000016504				
-	- 			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	nited liability company he	<u>rę</u> :		
		_		
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	any." the designation "L	LC" or the abbreviation	
L.L.C."		,, <u>.</u>	JUN	
Enter new principal offices address, if applicable:			2 22元 2 2元元	
• •	D.E.C.G.)		10 5 E	
<u>Principal office address MUST BE A STREET ADD</u>	<u>RESS)</u>		्र कुन ्	
			NO SE	
			S AFE	
Inter new mailing address, if applicable:			<u>5</u>	
(Mailing address MAY BE A POST OFFICE BOX)				

3. If amending the registered agent and/or regis	stered office address on	our records, enter t	he name of the new	
egistered agent and/or the new registered office add	<u>iress here</u> :			
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 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

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>	Type of Action
MGRM	DENNIS P GOLLEHU	R 919 ST JOHNS AVE PALATKA,FLORIDA 3217	✓ Add 7 Remove
			Add Remove
	 		Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If ame	nding any other information, er	nter change(s) here: (Attach additional sheets,	SECRETARY OF STANDIVISION OF CORPORATION 22 PM 12: 3
Dated	Sune 18th	,2012.	STATE RATIONS 2: 36
		of a member of authorized representative of a member	per
		JEANNIE L ELY Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00