

L04000060573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

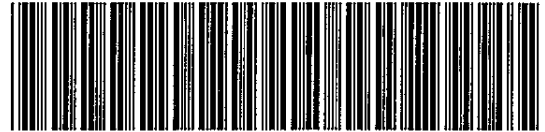
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY 17 AM 8:25

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shimadai's Touch, LLC
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Desmond O. Depass
(Name of Person)

Shimadai's Touch, LLC
(Firm/Company)

789 NW 103rd terr # 7-101
(Address)

Pembroke Pines, FL 33026
(City/State and Zip Code)

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05 MAY 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Desmond O. Depass at (954) 471-7950
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check 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)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shimadai's Touch, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 09/21/2004 and assigned
document number L04000060573

SECOND: The following amendment(s) to the Articles of Organization was/were adopted by the limited
liability company:

Change of Address from:

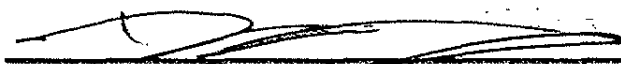
709 NW 103rd terr #9-103
Pembroke Pines, FL 33026

To new address:

789 NW 103rd terr #7-101
Pembroke Pines, FL 33026

FILED
05 MAY 17 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated May 12th, 2005



Signature of a member or authorized representative of a member

Desmond O. Depass

Typed or printed name of signee

Filing Fee: \$25.00