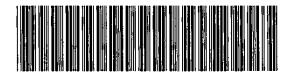
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJE	SHUTAFIM, LLC	
SUBJE	Name of Limited Liability Company	
The end	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	JONATHAN CULLEY	
Name of Person SHUTAFIM, LLC		
		Firm/Company
	444 BRICKELL AVE., SUITE 828	
	Address	
MIAMI, FL 33131		
City/State and Zip Code		
	fabio_alfonso@yahoo.com	
	E-mail address: (to be used for future annual report notification)	
For fur	ther information concerning this matter, please call:	
FA	BIO ALFONSO (305) 416-3040	
-	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)

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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

SHUTAFIM, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A	Florida Limited Liability Company	<i>i</i>)	
The Articles of Organization for this Limited Li Florida document numberL040006934		09/22/2004	and assigned
This amendment is submitted to amend the follow. A. If amending name, enter the new name of	_	iere:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Con	npany," the designation "LI	.C" or the abbreviation
Enter new principal offices address, if application	able:		
(Principal office address MUST BE A STREE			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>		
B. If amending the registered agent and/or the new registered of		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Name of New Registered Agent: JONATHAN CULLEY		
New Registered Office Address:	444 BRICKELL AVE.	SUITE 828	
New Registered Office Address.	Enter Florida street address		the designation "LLC" or the abbreviation records, enter the name of the new
	MIAMI	Florida 33	3131
	City	, a roi ida	Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		

I hereby accept the appointment as registered agent and agree to act in this capacity. Ifurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in flyapter 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

Page 1 of 3/

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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			Add
			Add Remove
			<u></u>
			Add
			Remove
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			Remove
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			Remove
			
			Add
			Remove

D. If an	nending any other information, enter change(s) here: (Attach additional sheets, if nece	essary.)	
Dated	AUGUST 14 , 2013 /		<u>s</u>
	Signature of a member or authorized representative of a member		E
	JONATHAN CULLEY	2.577.5	2
	Typed or printed name of signee		
	Page 3 of 3		BH 2:
	Filing Fee: \$25.00	. 27	0
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