L04000079449H

(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiliess Littly Name)					
(Decomposed Namely 2)					
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DIVISION OF CORPORATIONS

B. THERESE SEP U.3 2006

COVER LETTER

TO:	Registration Se Division of Co							
SUBJECT: Shake Q Tech, LLC								
	(Name of Limited Liability Company)							
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspondence concerning this matter to the following:								
		Salman Sheikh	(Name of Person)	_				
			(Number of Fersion)					
		Shake Q Tech, LLC	(P) (()					
			(Firm/Company)					
		157 Overoaks Place						
			(Address)	_				
		Sanford, FL 32771						
			(City/State and Zip Code)					
For furth	er information c	concerning this matter, please c	all:					
Salman	Sheikh		at (_407) 322-2982					
(Name of Person)		of Person)	(Area Code & Daytime T	elephone Number)				
Enclosed	l is a check for the	ne following amount:						
☑ \$25:0	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)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons · Circle				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shake Q Tech, LLC	. <u> </u>			
(<u>Name of the Limited</u>	<u>l Liability Compa</u> A Florida Limited I	ny as it now appears on liability Company)	our records.)	
(.		side (in party)	2 Secretary	
The Articles of Organization for this Limited L	iability Company	were filed on Novemb	per 2004 and assigned	
Florida document number L04000079494			¿ compression de la compression della compressi	
Tional document frames			RPF (2	
			RATE RATE	
This amendment is submitted to amend the following	lowing:		£ 88	
A. If amending name, enter the new name of	f the limited liab	oility company here:	Ca .	
		···•		
The new name must be distinguishable and end w	ith the words "Lim	ited Liability Company."	the designation "LLC" or the abbreviation	
"L.L.C."				
Enter new principal offices address, if applie	cable:	157 Overoaks Place	e	
(Principal office address MUST BE A STREE		Sanford, FL 32771		
Trincipui office unaress most be A STREE	21 ADDRESS)			
	•			
	•	45-0 1 51		
Enter new mailing address, if applicable:		157 Overoaks Place		
(Mailing address MAY BE A POST OFFICE	BOX)	Sanford, FL 32771		
•				
B. If amending the registered agent and			records, enter the name of the new	
registered agent and/or the new registered o	<u>iffice address her</u>	<u>·e</u> :		
Name of New Registered Agent:	Salman Sheik	<u></u>		
New Registered Office Address:	157 Overoaks	s Place		
		(Enter	Florida street address)	
	Sanford		, Florida 32771	
	<u> </u>	(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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
Dated	July 26 . 20	008	
		er or authorized representative of a member	
	Typed	of J. KJ.K d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00