L05000077310

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





200061083832

17/09/05--01022--007 **25.00

05 NOV -9 FH 2: 00
SECTION -9 FH 2: 00



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SH Enterprises, LLC (Name of Limited Liability Company)		
(Name of Difficulty Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Vicki Bowen (Name of Person)		
(Name of Person)		
SH Enterprises, LLC (Firm/Company)		
2109 US HWY 90 W.		
2109 US HWY 90 W. Suite 170-(Address) 225 Lake City FC 3 2055 VS (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
YiChi BOWEN at (386) 623-2494 (Name of Person) (Area Code & Daytime Telephone Number)		
(Traine of Loson)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

SH Enterprises



05 NOV -9 PM 2: 05

SECRETATE STATE TALLAHASSEE, FLORIDA

FIRST:	The Articles of Organization were filed on 8/5/2005 and assigned document number L050000.77310
SECOND:	This amendment is submitted to amend the following:
	
	Add W. Scott Hendrix as a managing member.
	as a managing member.
Dated	Oct. 31 , 2005.
	Signature of a member of authorized representative of a member
	Vicki I. BOWEN Typed or printed name of signee
	Typed or printed name of signee

Filing Fee: \$25.00