## L05000/09960

- SHREENWEEN LLC P.O. BOX 2131, - DUNEDIN FC. 34697-2
(Auc.: 233)
(City/State/Zip/Phone #)
(Business Entity Name)
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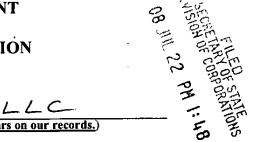
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J. BRYAN

JUL 2 3 2008

**EXAMINER** 

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION



AMEEN LLC
ility Company as it now appears on our records.)

The Articles of Organization for this Limited Liability Company were filed on Nov. 14 2005 and assigned Florida document number <u>L05000109960</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

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 **Type of Action Title** Name **Address** VALTI, ZULFIKAR, M 824 CHRISTINACIRCLE

OLDSMAR, FL. 34675 🗂 Add Remove Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member JAYSHREE R PATHAK Typed or printed name of signee

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Filing Fee: \$25.00