2 LO6 000109492

(Re	equestor's Name)	
(Ad	ldress)	·
(Ad	ldress)	
(Ci	ty/State/Zip/Phon	e #0
(CII	iyrətaterziprefildi	⊂ π)
PICK-UP	MAIT	MAIL
		•
(Bu	ısiness Entity Naı	me)
(1)0	cument Number)	
Certified Copies	_ Certificate:	s of Status
	,	
Special Instructions to	Filing Officer:	

Office Use Only



400192297864

01/26/11--01015--022 **25.00

11 JAN 26 PH 2: 30

B Tadlock JAN 27 2011

COVER LETTER

TO: \ Registration Sect \ Division of Corpo	ion orations			
SUBJECT:	SHOON PR	OPERTIES LLC		
Soboleci.		ed Liability Company		
	mendment and fee(s) are subr	-		
rouse retain an concaps.	,			
	[DAVID F. HANNAN	•	
		Name of Person		
	DA	VID F. HANNAN, P.A.		
		Firm/Company		
8201 PETERS ROAD SUITE 1000				
,		Address		
	PLAN ⁻	TATION, FLORIDA 33324		
		City/State and Zip Code		
	E-mail address: (t	o be used for future annual report notificat	ion)	
For further information co	oncerning this matter, please c	all:		
DAVI	D F. HANNAN	at (954) 58	1 - 9388	
Name of	f Person	at (954) 58 Area Code & Daytime T	elephone Number	
Enclosed is a check for the	ne 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)	
BAAYS	INC ADDRESS.	STDEET/COUDIE	D ADDDESS.	

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

ARTICLES	OF ORGANIZATI	UN	<u> </u>
	OF		3 2 3 3
			2
CUCONT		•	တ ဥ
	PROPERTIES LLC		
(Name of the Limited Liability (A Florida L	mited Liability Company)	s on our recorus.)	S OR
(***********	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		RATI
The Articles of Organization for this Limited Liability Co	mnany were filed on	11/09/2006	and assigned
	_		~~~
Florida document numberL060001 0942-	unma		
This amendment is submitted to amend the following:			
This affection is submitted to affecte the tonowing.			
A. If amending name, enter the new name of the limit	ted liability company her	<u>'e</u> : ·	
,			
			
The new name must be distinguishable and end with the word	ds "Limited Liability Compa	any," the designation "L	LC" or the abbreviation
"L.L,C."			
Enter new principal offices address, if applicable:			
• •		<u></u>	
(Principal office address MUST BE A STREET ADDR	<u> </u>		
Enter new mailing address, if applicable:	·		
(Mailing address MAY BE A POST OFFICE BOX)			<u>.</u>
			
m vo in the fact of a substitution weeks			La manua of the more
B. If amending the registered agent and/or registered agent and/or the new registered office add	ered office address on	our records, enter t	ne name of the nev
registered agent and/or the new registered office and	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	ress
		Tille mid -	
	City	, Florida	Zip Code
	~** <i>y</i>		

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 = Manager MGRM = Managing Member

<u> Citle</u>	Name	<u>Address</u>	Type of Action
MGRM	QUENNIE LLC	1700 SOUTH OCEAN BOULEVARD #12-D LAUDERDALE BY THE SEA, FL 3306	Add Remove 52_
			Add Remove
	·		Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
-			
-	IANILIADY 19	2011	
Dated	JANUARY 18	2011	
	Signature of a	JOSEPH TIRINKIAN	
		Typed or printed name of signee	
		D 4 C4	

Page 2 of 2

Filing Fee: \$25.00