

Division of Corporations

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W07000021101

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RICHARD G. COKER, JR., P.A.
Account Number : I20010000145
Phone : (954)761-3636
Fax Number : (954)761-1818

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: carolyn.s.gill149@gmail.com

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FLORIDA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS
INFORMATION SERVICES

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHALVEY INVESTMENTS, LLC

Certificate of Status	0
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Page Count	01
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MAR 02 2015

S. YOUNG

(H150000510193)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHALVEY INVESTMENTS, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/26/2007 and assigned Florida document number L07000021101

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)

Blank lines for principal office address

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Blank lines for mailing address

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:

Blank line for name of new registered agent

New Registered Office Address:

Blank lines for new registered office address, including fields for street address, city, Florida, and zip code

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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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Paul T. Gill	3401 SE 8 Street, #1	<input checked="" type="checkbox"/> Add
		Pompano Beach, FL 33062	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

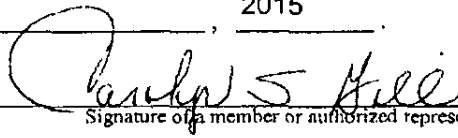
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)
 (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated February 27, 2015



Signature of a member or authorized representative of a member

Carolyn S. Gill

Typed or printed name of signee

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