## L07000027945

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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
_	,,	
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nai	me)
(Do	cument Number)	)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer	
	A.	LUNT
	J <del>1</del> 1	N <b>29</b> 2010
	EXA	MINER

Office Use Only



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## **COVER LETTER**

TO:	Registration Se Division of Cor					
SUBJI	ECT:	SHG Capita	Il Investments, LLC			
5020.			ited Liability Company			
		Amendment and fee(s) are sub ondence concerning this matter	-			
			J. Anthony Greaves			
Name of Person						
SHG Capital Investments, LLC						
	Firm/Company					
	2046 Treasure Coast Plaza # 324					
			Address	77 t	22	
Vero Beach, FL 32960				2010 JUN 28		
City/State and Zip Code shgmain@gmail.com			<b>≥</b>			
		133	. <u>ŏ</u>			
		E-mail address: (	to be used for future annual report notification	on) Picp	$\mathbf{R}$	IT
For fur	ther information c	oncerning this matter, please of	eall:	- DES	AM IO: 0	-
	J. An	thony Greaves	at ( 772 ) 647	7-8520		
	Name o	f Person	Area Code & Daytime Tel	ephone Number		
Enclos	ed is a check for th	he following amount:				
\$25	\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}				itus &	sed)
		ING ADDRESS: ration Section	STREET/COURIER A	ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO **ARTICLES OF ORGANIZATION OF**

SHG Capital Inve	estments, L	LC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appe ability Company)	ars on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	March 14, 2007	and assign	ned
Florida document numberL07000027945				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company he	e <u>re</u> :		
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Comp	pany," the designation "L	LC" or the abb	reviation
		:	2010 ALI	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
			ର୍ଜ୍ୟୁ ୧୯୯୯ ୧୯୯୯	
		i		
Enter new mailing address, if applicable:			ورج شبيع	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)				<del></del>
B. If amending the registered agent and/or registered offi	ice address on	our records, enter th	he name of t	the new
registered agent and/or the new registered office address here		, <u></u>		
Name of New Registered Agent:				
New Registered Office Address:				
The Hogard of the Francis.	E	nter Florida street addr	ess	
		, Florida		
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action	
MGR	Clarita Management Service	2046 Treasure Coast Plaza #324 Vero Beach, FL 32960	Add Remove	
MGRM_	J. Anthony Greaves	2046 Treasure Coast Plaza #324 Vero Beach, FL 32960	Add ☐ Remove	
			Add Remove 	
			Add Remove	
		LLAFA SS	EAdd  Remove	
		EFF LAR	Emove	
D. If amending	g any other information, enter change(s	here: (Attach additional sheets, if necessary.)	- <b>-</b>	
			-	
			-	
Dated	June 24 , 2010	<u> </u>	_	
	Signature of a member or	authorized representative of a member		
J. Anthony Greaves Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00