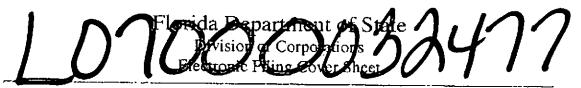
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000033896 3)))



H180000338963ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

Division of Corporations
Fax Number : (950)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 11043203053
Phone : (561)694-8107
Fax Number : (561)694-1639

**Enter the email address for this business entity to be used for future containing annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHAVAE ENTERPRISES LLC

Certificate of Status	 . 0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED
JAN 29 2018

Electronic Filing Menu

Corporate Filing Menu

Help O STAMONS JAIJ 3 C 2013

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shavae Enterprises LLC		• •	
(Name of the Lin	A Fiorida Limited	any as it now appears (Liability Company)	m our records.)
The Articles of Organization for this Limited	Liability Company	were filed on 03/20	6/2007 and assigned
Florida document number L07000032477	,		
his amendment is submitted to amend the following	lowing:		Arr.
. If amending name, enter the new name	of the limited liab	ulity company here	; :
bavae Enterprise LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the desi	gnation "LLC" at the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		950 South Pine Island Road, Suite 150	
Principal office address MUST RE A STREET ADDRESS)		Plantation, FL 333	24
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		Plantation, FL 333	2.4
		•	
. If amending the registered agent and egistered agent and/or the new registered of New Registered Agent:	l/or registered of office address here Diana Askew	ffice address on o e:	ur records, enter the name of the
gistered agent and/or the new registered of New Registered Agent:	Diana Askew	ffice address on o	
gistered agent and/or the new registered o	Diana Askew	e: Island Road, Suite 15	
gistered agent and/or the new registered on Name of New Registered Agent:	Diana Askew	e: Island Road, Suite 15	50

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.

V 1 V N Karen Montano, Attorney-In-Fact
If Changing Registered Agent, Signature of New Registered Agent

Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member <u>Title</u> Name Address. Type of Action ☐ Add _□ Remove ☐ Change _□ Add _□ Remove Change - mar . 🗆 Remove Change _□ Add □ Remove D Change _□ Add _□ R≎move _D Change □ Add ☐ Remove

	-	
		8
		2 .
		7
		All P
		<u> </u>
The die date inserted in this Dio	be specific and cannot be prior to dow of filing or maked does not meet the applicable standory filing	(optional) fore than 90 days after filing.) Pursuant to 605,0207 (3)(bg requirements, this date will not be listed as the
document's effective date on the De	suffment of State's records.	
ne record specifies a delayed The 90th day after the reco	effective date, but not an effective tind is filed.	ime, at 12:01 a.m. on the earlier of:
Dated	2018	
KNAG	ignature of a member or authorized representative	of a member
	•	

Page 3 of 3

Filing Fee: \$25.00