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J. SAULSBERRY EXAMINER JUL 3 0 2013

## **COVER LETTER**

Division of Corporations			
SUBJECT: STRIKER SHOP LLC  Name of Limited Liability Company			
Name of Limited Liability Company	٠		
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:		•	
FIREHIWOT A. GERRE  Name of Person			
Name of Person			
Firm/Company			
1143 W. Orange Ane	2813 JI	······	
1143 W. Orange Ave Address  Pallahassee FL. 32310  City/State and Zip Code	2013 JUL 30 PM 3: 1		
E-mail address: (to be used for future annual report notification)	30 PM 3: 11 Secutionals secutionals	: : :	
For further information concerning this matter, please call:			
Fireficient A. Gebre at (850) 339-3034  Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:	-		
(additional copy is enclosed) Certified (	of Status &	)	

MAILING ADDRESS:

TO:

**Registration Section** 

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

LLC	our records
Limited Liability Company)	Tour records.)
Company were filed on _66	2007 and assigned
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ords "Limited Liability Company,"	'the designation "LLC" or the abbreviation
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ORESS)	20
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	records, enter the name of the nev
<u>aress here</u> :	
Enter	Florida street address
2,110	
City	, Florida Zip Code
	stered office address on our dress here:  Enter

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 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>Title</u> <u>Name</u> <u>Address</u> Type of Action SABA T. GIZAW 1143 W. ORANGE AVE MGRM TALLAHASSEE, FL. 32310 Remove

Remove

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ited	
	Fielding Gabre Signature of a member or authorized representative of a member
	FIREHIWOT A. GEBRE Typed or printed name of signee
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2013 JUL 30 PH 3: 1