

LD8 000003281

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

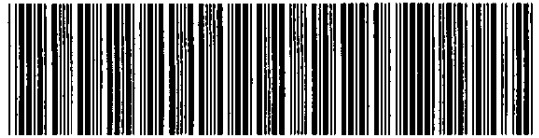
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLINE

MAR 12 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2010

CARLOS ALVARADO JR  
G&A TAX AND ACCOUNTING SERVICES  
1305 TRADITION CIRCLE 108B  
MELBOURNE, FL 32901

SUBJECT: SHERI ARLIE CONSULTING LLC  
Ref. Number: L08000003281

We have received your document for SHERI ARLIE CONSULTING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 010A00002405

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: SHERI ARLIE CONSULTING LLC**  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**CARLOS A. ALVARADO JR**

Name of Person

**G&A TAX AND ACCOUNTING SERVICES, LLC**

Firm/Company

**1305 TRADITION CIRCLE 108B**

Address

**MELBOURNE/FLORIDA 32901**

City/State and Zip Code

**CARLOS\_ALVARADOJR@HOTMAIL.COM**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**CARLOS A. ALVARADO JR**

Name of Person

at ( 407 )

**463-4342**

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 MAR 11 AM 9:00

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

**SHERI ARLIE CONSULTING 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 JANUARY 10, 2008 and assigned  
Florida document number L08000003281.

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**)

809 EAST WASHINGTON STREET  
ORLANDO, FLORIDA 32801

Enter new mailing address, if applicable:  
(Mailing address **MAY BE A POST OFFICE BOX**)

809 EAST WASHINGTON STREET  
ORLANDO, FLORIDA 32801

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TALLAHASSEE, FLORIDA

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

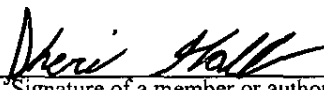
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	AHMED ALI AHMED ELBIK	MEDAN ELEFAAI, SOOK ELKHODAR, MAHELAT ELBIK, ELARISH - NORTH SINAI, EGYPT	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

THE BUSINESS STILL IS MANAGED OUT OF FLORIDA. THERE IS A NEW  
BRANCH OF THE BUSINESS OPENING IN MEDAN ELFEAAI, SOOK  
ELDHODAR, MAHELAT ELBIK ELARISH-NORTH SINAI, EGYPT. THAT BR-  
ANCH IS TO BE MANAGED BY AHMED ALI AHMED ELBIK WHO WILL ALSO  
ACT AS A SIGNORY FOR ALL BUSINESS IN EGYPT WITH SHERI HALL.

Dated JANUARY 13, 2010



Signature of a member or authorized representative of a member

SHERI ARLIE HALL

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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