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S. HAWKES

MAR 1 5 2010

EXAMINER

COVER LETTER

. Division of Co	rporations				
SUBJECT:	Future	Mommy LLC			
		ted Liability Company	And the second of the second o		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Syrheda L. Reed-Leo			
		Name of Person			
		Firm/Company	- THE STATE OF THE		
	10857 Tebo Trail				
		Address			
	T	allahassee, FL 32305			
		City/State and Zip Code			
	E-mail address: (yrheda@hotmail.com to be used for future annual report notifice	ition)		
For further information	concerning this matter, please o				
		_	- 4		
	eda L. Reed-Leo	at (850) 5	80.7330		
Name	or reison	Atea Code & Daytime	Ctephone 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)	Certificate of Status & Certified Copy (additional copy is enclosed)		

MAILING ADDRESS:

Registration Section

TQ:

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

Future !	Mommy LLC		0.	
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appea	rs on our records.)	400	
(A FIORMS EMB)	contracting company)		12 2 C	
The Articles of Organization for this Limited Liability Comp	pany were filed on	4/16/2008	and assigned	
Florida document number L08000038063			66%	
			7000	
This amendment is submitted to amend the following:			AUX	
-			,	
A. If amending name, enter the new name of the limited	liability company he	re:		
	Shae LLC			
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Comp	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
(Principal office address MUST BE A STREET ADDRES:	<u> </u>			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
14401444 44444 44444 44444 44444 44444	· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , , 	
B. If amending the registered agent and/or registere	d office address on	our records, enter	the name of the new	
registered agent and/or the new registered office address				
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street ad	dress	
	Times V. ION WAY 211 EES WAYN E22			
	<u> </u>	, Florida	at a contract	
	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 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 = M MGRM =	anager Managing Member	G)	OMA CIL
<u> Title</u>	Name	Address	Type of Action
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D. If ame	nding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
		·	
			<u>.</u>
Dated	March 10 , 20	<u> </u>	
	Sylede a.	led-Les	nggarian (anis in an thing)
	• •	r or authorized representative of a member heda L. Reed-Leo	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00