

L08000077813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

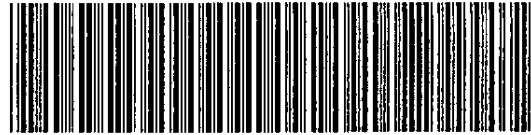
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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N. Culligan JAN 25 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SASHIQUE 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:

SALLY BEATTIE  
Name of Person

SASHIQUE LLC  
Firm/Company

P.O. BOX 1262  
Address

CAPE CANAVERAL FL 32920  
City/State and Zip Code

FL 32920  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SALLY BEATTIE at (407) 808 1642  
Name of Person 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

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

SASHIQUE 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 August 25<sup>TH</sup> 2008 and assigned Florida document number LO8000077813

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)**

520 S. BREWERY AVE  
APT. 226  
COCONA BEACH FL 32931

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

520 S. BREWERY AVE  
APT. 226  
COCONA BEACH FL 32931

**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:

520 S. BREWERY AVE APT. 226  
*Enter Florida street address*  
COCONA BEACH, Florida 32931  
*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

| <u>Title</u> | <u>Name</u>          | <u>Address</u>             | <u>Type of Action</u>                      |
|--------------|----------------------|----------------------------|--|
| <u>MGR</u>   | <u>SALLY BEATTIE</u> | <u>325 S. BAYVIEW BLVD</u> | <input type="checkbox"/> Add               |
|              |                      | <u>APT 512</u>             | <input checked="" type="checkbox"/> Remove |
|              |                      | <u>606A BEACH FL 32931</u> |  |
|              |                      |                            | <input type="checkbox"/> Add               |
|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            |  |
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|              |                      |                            | <input type="checkbox"/> Remove            |
|              |                      |                            |  |

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

CHANGING ADDRESS TO THAT ON PAGE ONE  
FROM MY ADDRESS ABOVE, ALSO TELEPHONE  
NUMBER TO 321 960 9161 FROM 407 8081642.  
MY E MAIL ADDRESS TO PETRA@SASHIQUE.COM

Dated 19 / 1 / 2011

S. Beattie  
 Signature of a member or authorized representative of a member  
SALLY BEATTIE  
 Typed or printed name of signee