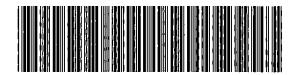
L08000097103

(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(City	//State/Zip/Phone	- #\	
(Oit)	//Otate/Zip/i flork	3 11)	
PICK-UP	☐ WAIT	MAIL	
,			
(Bus	siness Entity Nar	ne)	
•	,	,	
	cument Number)		
(DOC	zument Number)		
		•	
Certified Copies	tified Copies Certificates of Status		
Special Instructions to F	Filing Officer:		
	-		

Office Use Only



200137466052

11/03/08--01027--015 **25.00

2000 NOV -3 PH 2: 58

C. LEWIS
NOV 42008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TOURE - Shakur, 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:
Damy Shakur (Name of Person)
TOURE-Shakur, LLC (Firm/Company)
4507 ROSETREE CT OV (Address)
Orlando FL 32837 (City/State and Zip Code)
For further information concerning this matter, please call:
Damy Shakuv at (407) 856-1865 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \[\begin{array}{cccccccccccccccccccccccccccccccccccc

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

FILED

2800 NOV -3 PM 2: 58

TOURE - SI-	HAKUR, LLC SECULIANT TALLAHASSE Dillity Company as it now appears on our records.) rida Limited Liability Company)	E.FLORIDA
(A Flor The Articles of Organization for this Limited Liabili Florida document number <u>L080009710</u>	ity Company were filed on 10 15 2008 and	assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
	Change words "Limited Liability Company," the designation "LLC" or the	
The new name must be distinguishable and end with the "L.L.C."		
Enter new principal offices address, if applicable	. No Change	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	NO chang	<u>e</u>
B. If amending the registered agent and/or re registered agent and/or the new registered office:	egistered office address on our records, enter the name address here:	of the new
Name of New Registered Agent:	WO Change WO Change (Enter Florida street address)	
New Registered Office Address:	WO Chang - (Enter Florida street address)	
	, Florida	
	(City) (Zip C	'ode)
New Degistered Agent's Signature if changing Regis	stared Ament.	

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 a meading 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

Address Type of Action <u>Title</u> <u>Name</u> 🗖 Add ☐ Remove Add Remove 🗖 Add Remove NO ☐ Add Remove No 🗖 Add Remove Add 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ticles orid 08 Dated Signature of a member or authorized representative of a member Shakuv Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00