## 10900000 7156

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:
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2010 DEC 21 AM 11: 15 SECRETARY OF STATE

M. THOMAS

DEC 2 2 2009

**EXAMINER** 

## **COVER LETTER**

10:	Division of Cor					
SUBJE	CT:	Sh	ou le LLC	·		
	•					
The enc	losed Articles of	Amendment and fee(s) are sui	bmitted for filing.			
Please n	eturn all correspo	ndence concerning this matter	r to the following:			
			HsingYi Chung Name of Person	**************************************		
			Name of Person			
Shou le LLC						
	Firm/Company					
			Address			
			Miami, FL 33156		¥ ~	
			City/State and Zip Code			
		She E-mail address: (	oulegroup@gmail.cor to be used for future annual rep	n ort notification)	2089 DEÇ SECKETA ALLAHAS	
For furth	ner information co	oncerning this matter, please of	-		21 RY ( SSEE	
	Hsi	ngYi Chung	at ( 786 )	2198586	12. S	- Care
	Name of	Person		Daytime Telephone Number	AHII: 13  FSTATE FLORIDA	
Enclosed	is a check for th	e following amount:				
<b>₹25.</b> 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) Certified (	of Status &	

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

	Shou le LLC			
(Name of the Limited Liabilit (A Florida	y Company as it now appear Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (			and assigned	
Florida document numberL0900007156	`			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	<u>re</u> :		
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Compa	any," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:			FE a TI	
(Principal office address MUST BE A STREET ADD	RESS)		到公二	
			SST	
			OF ST	
Enter new mailing address, if applicable:			05	
(Mailing address MAY BE A POST OFFICE BOX)	····		87 W	
B. If amending the registered agent and/or registered agent and/or the new registered office ado		our records, <u>enter</u>	the name of the new	
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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Joseph Russell	821 Majorca Ave Coral Gables, FL 33134	Add Remove
			Add Remove
	<u></u>		□ D
			Pomove
<del></del>	·····		F-3 -
***************************************			Add Remove
D. If amen	ding any other information, en	nter change(s) here: (Attach additional sheets, if ne	ecessary.)
<del></del> -			
	Danashar 46	2000	200 AL SH
Dated	December 16	2009  The state of a member of	2009 DEC 21 SECRETARY ALLAHASSE
	Signature C	HsingYi Chung	THE IN
		Typed or printed name of signee  Page 2 of 2	II: 13

Filing Fee: \$25.00