

U09000053814

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

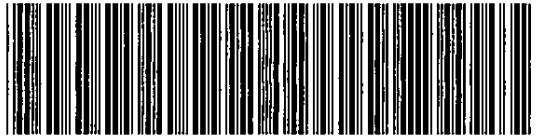
(Business Entity Name)

(Document Number)

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000160832140

09/22/09--01008--005 \*\*25.00

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2009 SEP 22 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. THOMAS

SEP 23 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SharPer edge engines  
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:

FATEMEH KOOHI  
Name of Person  
SharPer edge Engines  
Firm/Company  
4083 Sunbeam Road #611  
Address  
Jacksonville FL 32257  
City/State and Zip Code  
Yalda\_Pretty@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FATEMEH KOOHI at (904) 608 0567  
Name of Person Area Code & Daytime Telephone Number

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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**

SharPer edge engines  
(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 jun 10 3, 09 and assigned  
Florida document number 69000053814

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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**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:

Larry T hendricks

New Registered Office Address:

4083 sunbeam #611

Enter Florida street address

JACKSONVILLE

City

Florida

32257  
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

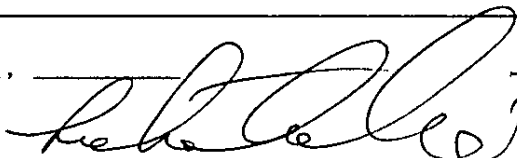
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
owner/ <del>MGR</del>	EATEMEH Koochi	4083 Sunbeam RD # 611 JACKSONVILLE FL 32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
manager	Larry T hendricks	4083 Sunbeam RD #611 JACKSONVILLE-FL-32257	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
agente	Larry T hendricks	4083 Sunbeam RD #611 JACKSONVILLE-FL-32257	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 09-18-2009



Signature of a member or authorized representative of a member

EATEMEH KOOCHI

Typed or printed name of signer