## L09000090785

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
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SEGRETARY OF STATE STATE OF STATE OF CORPORATIONS

T. HAMPTON

SEP 2 5 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			1 2 1	
SUBJECT:	Schuh E	nterprises, LLC	·	
	transfer to the contract of th	ted Liability Company		
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:		
	<del>- , </del>	Alan J Schuh		
		Name of Person		
	So	chuh Enterprises, LLC	,	
		Firm/Company		
		19535 SW 49th Ct		
		Address		
		Miramar FL 33029		
		City/State and Zip Code		
	R-mail address: (	rannuity@comcast.net to be used for future annual repo	t notification)	
For further information	concerning this matter, please of	•	at nomication,	
	lan J Schuh	at ( 954 )	517-1738	
Enclosed is a check for \$25.00 Filing Fee	the following amount:  \$\int_\$30.00 Filing Fee & Certificate of Status	Area Code &  S55.00 Filing Fee &  Certified Copy  (additional copy is er		ing Fee, te of Status &
			(addition	al 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

Schuh	Enterprises, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Conference L09000090785	ompany were filed on	09/21/2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company he	re:	
The new name must be distinguishable and end with the wore "L.L.C."	ds "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	ESS)		
Enter new mailing address, if applicable:			SEP 24
(Mailing address MAY BE A POST OFFICE BOX)			AMIII: 20
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter t</u>	he name okthe new
Name of New Registered Agent:			
New Registered Office Address:		, p. 1	
	Enter Florida street address		
		, Florida	
	Citv		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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGRM	Eva M Schuh	19535 SW 49th Ct Miramar FL 33029	Add  Remove
			Add Remove
	**************************************		Add Remove
			Add Remove
·			Add Remove
<del>and the second </del>	······		Add Remove
D. If amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necessar	
			SEGGET ARY OF CORF
Dated	September 21	2009	STATE ORATIONS
	What for	mber or authorized representative of a member	
	Signification a me	Alan J Schuh	
	Ţ	yped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00