## 109000090785

(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiliese Likely Name)				
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**EXAMINER** 

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## **COVER LETTER**

Division of Co	rporations				
SUBJECT:	Schuh E	nterprises, LLC			
SUBJECT:		ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondent	ondence concerning this matter	to the following:			
	Alan J. Schuh				
		Name of Person			
	Schuh Enterprises, LLC				
	Firm/Company				
	17491 SW 35th St				
	Address				
	Miramar FL 33029				
	City/State and Zip Code				
	E-mail address: (	annuity@comcast.net to be used for future annual report ne	otification)		
For further information of	concerning this matter, please o	all:			
	an J. Schuh	at (_954_)	517-1738		
Name o	of Person	Area Code & Day	time Telephone Number		
Enclosed is a check for t	he following amount:				
<b> ▼</b> \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
	JING ADDRESS:	STREET/COU Registration Sec	RIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Schuh Er	nterprises, LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appear ted Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Com Clorida document numberL0900090785	pany were filed on	09/21/09 and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compa	my," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	17491 SW 35	17491 SW 35th St	
Principal office address MUST BE A STREET ADDRES	<u>Miramar FL 3</u>	Miramar FL 33029	
Enter new mailing address, if applicable:	17491 SW 35	17491 SW 35th St	
Mailing address MAY BE A POST OFFICE BOX)	Miramar FL 3	3029	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address  Name of New Registered Agent:		our records, enter the name of the ne	
New Registered Office Address: 17491 S	SW 35th St	SEQ.	
	En	ter Florida street address	
*******	Miramar	, Florida 83029-	
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent Age	gent:		
hereby accept the appointment as registered agent and	l agree to act in this co	apacity. I further agree to comply with	

If Changing Registered Agent, Signature of New Registered Agent

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 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 **Title** Name **Address Type of Action MGRM** Eva M. Schuh 17491 SW 35th St ✓ Add Miramar FL 33029 ☐ Remove ☐ Add Remove ☐ Add Remove Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 4th 2010 Dated Signature of a member or authorized representative of a member Alan J. Schuh Typed or printed name of signee

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Filing Fee: \$25.00