L09000 106453

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COVER LETTER

TO: · Registration Section **Division of Corporations** Shur Investments 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: PHILIP FILONENKO Name of Person Firm/Company 1850 S OCEAN DRIVE UNIT 2808 Address HALLANDALE, FL, 33009 City/State and Zip Code philipfilonenko@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 917₉₄₅₋₁₀₅₁ Philip Filonenko Area Code & Daytime Telephone Number Name of Person

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

FILED 2013 NOV 19 PM 2: 31

SECRETARY OF STATE TALLAHASSEE, FLORIDA

SHUR INVESTMENTS LLC

(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 Compan	y were filed on 11/04/2009	and assigned
Florida document number <u>L09000106453</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	1850 S OCEAN DRIVE	· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	UNIT 2808	
Truming dualess milit DE ATOST OFFICE BOX	HALLANDALE FL 3300	9
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	reet address
	. Flo	rida
	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 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	PHILIP FILONENKO		1850 S OCEAN DRIVE	Add
			UNIT 2808	Remove
			HALLANDALE ,FL	
				Add
				Remove
				Add
				Remove
				Add
				Remove
				_
				Add
		_		Remove
				Add
				Remove
				_

•	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• •	
	
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Dated	11/13,2013.
	M
	Signature of a member or authorized representative of a member
	Michael Shur
	Typed or printed name of signee

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Filing Fee: \$25.00

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2013 NOV 19 PH 2: 31
SECRETARY OF STATE