L10000002218

_____
(Requestor's Name)

_____
(Address)

_____
(Address)

_____
(City/State/Zip/Phone #)

☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

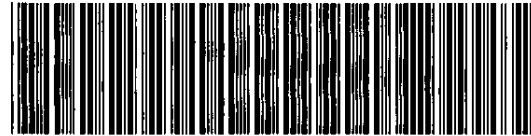Certified Copies _____   Certificates of Status _____

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G. MCLEOD

OCT 26 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _SHR ENGINEERING, 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:

Dr. Rami Harb
Name of Person

SHR ENGINEERING, LLC
Firm/Company

9827 NELSON, PARCK CIRCLE
Address

ORLANDO, FL 32817
City/State and Zip Code

R.HARB @ SHRENGINEERING.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dr. Rami Harb at (_407_) _924 - 3954_
Name of Person   Area Code & Daytime Telephone Number

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

SHR ENGINEERING , 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 Company were filed on _2/26/ 2010_ and assigned

Florida document number _L10000022189_ .

This amendment is submitted to amend the following:

A. If amending name, <u>enter the new name of the limited liability company here</u>:

_N/A_

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)   _N/A_

Enter new mailing address, if applicable: _N/A_

(Mailing address MAY BE A POST OFFICE BOX)

FILED 10 OCT 25 PM 2:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered agent and/or the new registered office address here</u>:

Name of New Registered Agent: _N/A_

<u>New Registered Office Address</u>:   _____

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, <u>Signature of New Registered Agent</u>

Page 1 of 2

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
MGR/PRESIDENT	LEO SHALHOUB	9133 NORTH BAY Blvd. ORLANDO FL 32819	☐ Add ☑ Remove
MGR/PRESIDENT	ANITA SHALHOUB	9133 NORTH BAY Blvd ORLANDO FL 32819	☑ Add ☐ Remove
MGR/ICE PRESIDENT	WENDY ROWAN	9327 NELSON PARK CIRCLE ORLANDO, FL 32817	☑ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

Dated _10/ 21 / 2010_ , _____ .

_____
Signature of a member or authorized representative of a member

Dr. RAMi HABIB
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00