

LID 0000043890

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

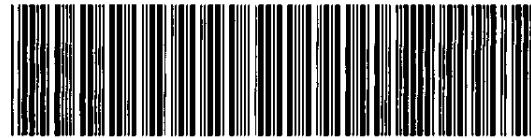
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
OCT 10 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3005 SHOMA 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:

ERIC OHNONA

Name of Person

3005 SHOMA LLC

Firm/Company

19370 COLLINS AVENUE SUITE 519

Address

PEMBROKE PINES, FLORIDA 33026

City/State and Zip Code

SUNNY ISLES, FLORIDA 33160

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERIC OHNONA

Name of Person

at (917)

836-9005

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

3005 SHOMA 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 APRIL 29, 2011 and assigned
Florida document number L10000043890

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:

19370 COLLINS AVENUE SUITE 519

(Principal office address MUST BE A STREET ADDRESS)

SUNNY ISLES, FLORIDA 33160

Enter new mailing address, if applicable:

19370 COLLINS AVENUE SUITE 519

(Mailing address MAY BE A POST OFFICE BOX)

SUNNY ISLES, FLORIDA 33160

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: ERIC OHNONA

New Registered Office Address: 19370 COLLINS AVENUE

Enter Florida street address

SUNNY ISLES, Florida 33160
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.

Eric Ohnona
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>
MGR	CHARLY ELMECHALY	3300 191 ST APT 313 AVENTURA, FLORIDA 33180	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ERIC OHNONA	19370 COLLINS AVENUE SUITE 519 SUNNY ISLES, FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated (V) 07-25-11, _____

(V)

Signature of a member or authorized representative of a member

(V)

Typed or printed name of signee

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TALLAHASSEE, FLORIDA