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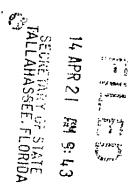
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shape Quest 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:
Ovacelina Ferreras Name of Person
Stape Quest UC. Firm/Company
Q22 NE 78 ST Address
Miami, FL 33138 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Susceling Ferreras at (305) 938-0023 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$\$ Certificate of Status \$\times \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

TO ARTICLES OF ORGANIZATION OF

Shape Grest L	LC.			_	
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)				
The Articles of Organization for this Limited Liability Company we Florida document number	ere filed on <u>4 6 2</u>	-011	_ and a	assigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabilit	y company here:				
The new name must be distinguishable and end with the words "Limited Liabilit	y Company," the designation "LLC"	or the abbra	eviation	"L.L.C."	
Enter new principal offices address, if applicable:					_
(Principal office address MUST BE A STREET ADDRESS)					_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records,	enter the	e nam	e of the	- - nev
Name of New Registered Agent:				45' t Tricky	_
New Registered Office Address:		7.7. 1.7.	20	15 mm.	_
	Enter Florida street address	SSEE XXX	2	FACE S	
	City, Flor	+7	₹₽ Zip Cod	e	-
New Registered Agent's Signature, if changing Registered Agent:	,	TATE ORIDA	بة. ش		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pe accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	rformance of my duties, and ovided for in Chapter 605, F.	I am fam S. Or, if t	iliar w his do	vith and cument is	

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member <u>Title</u> Name <u>Address</u> **Type of Action** MGR Francisco Ferreras 922 NE 78 ST MIOMI, PL 33138 11 Add Remove ☐ Remove _□ Add _□ Remove □ Add <u>≅</u> □ **R**emove Remove

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ctive date, if other than th	ne date of filing: (options nnot be prior to date of receipt or filed date and cannot be more than 90 days after	al)
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Page 3 of 3

Filing Fee: \$25.00

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ALLAHASSEE, FLORIDA