

L11000061121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

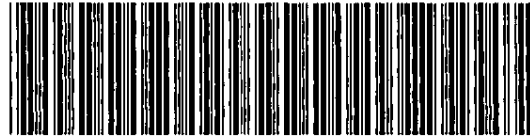
Special Instructions to Filing Officer:

A. LUNT

SEP 26 2012

EXAMINER

Office Use Only



900239870029

09/25/12--01023--017 **25.00

FILED
2012 SEP 25 PM 4:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SHAY STUDIO LLC

SUBJECT: _____
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:

DANELLYS ROSQUETE

Name of Person

SHAY STUDIO LLC

Firm/Company

117 NE 1 AVENUE. STE 1301

Address

MIAMI, FL 33132

City/State and Zip Code

DANY@SHAYSTUDIO.COM

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

For further information concerning this matter, please call:

DANELLYS ROSQUETE

Name of Person

at (**305**)

2810955

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

FILED
2012 SEP 25 PM 4:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
SHAY STUDIO LLC**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

05/24/2011

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number _____.

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:

(Principal office address MUST BE A STREET ADDRESS)

4600 NE 2 AVENUE, No. 9

MIAMI, FL 33137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: _____

New Registered Office Address: _____

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, 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

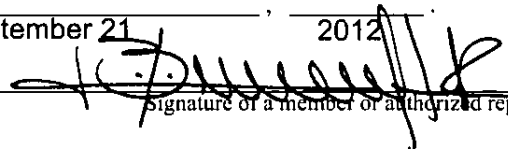
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Domingo A Amaro Chacon	117 NE 1 AVENUE. STE 1301 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Maria E Chacon-Amaro	117 NE 1 AVENUE. STE 1301 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Guillermo A Amaro Chacon	117 NE 1 AVENUE. STE 1301 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Monica Slodarz	117 NE 1 AVENUE. STE 1301 MIAMI, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Monica Abidar	117 NE 1 AVENUE. STE 1301 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Danellys Rosquete	117 NE 1 AVENUE. STE 1301 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

September 21, 2012


Signature of a member or authorized representative of a member

Typed or printed name of signee

Danellys Rosquete

Page 2 of 2

Filing Fee: \$25.00

2012 SEP 25 PM 4:47
RECORDS SECTION
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED

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>
MGRM	Danellys Roquete	117 NE 1 Avenue. Ste 1301 Miami, FL 33132	<input type="checkbox"/> Add <input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

September 21

2012

Signature of a member or authorized representative of a member

Typed or printed name of signee

Danellys Roquete

Page 2 of 2

Filing Fee: \$25.00

2012 SEP 25 PM 4:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

FILED