# L 11000088605

(Requestor's	Name)
(4.1)	
(Address)	
(Address)	
(City/State/Z	ip/Phone #)
(Business E	ntity Name)
(Document I	Number)
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B. KOHR

COVER LETTER	7 5
TO: Registration Section Division of Corporations	
SUBJECT: Shree 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:	
Gordon Duncan	HAR -8
Name of Person	
Duncan & Associates, P.A.	
Firm/Company	ORIE 62
PO Box 249	7
Address	
Ft. Myers, FL 33902	
City/State and Zip Code	
gordon@duncanassociatesfl.com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Gordon Duncan 239,334-4574	
Name of Person Area Code & Daytime Telephone Number	r
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

Shree Shree LLC	
( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records
The Articles of Organization for this Limited Liability Company were Florida document number <u>L11000088605</u> .	St. In the set
This amendment is submitted to amend the following:	REF
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 L"L.L.C."	iability Company," the designation "LLC" or the abbreviation
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:	address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

, Florida \_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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\_. \_ \_ \_ . . . \_ \_ . . .

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	Name	Address	Type of Action
MGRM	Patel, Pinakin		Add
			Remove
MGR	Patel, Pinakin	4811 South Cleveland Ave	Add
		Fort Myers, FL 33907	Remove
			_ Add _ Add _ Remove
			_ C Remove
			_ Add

ı.

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	January 31, 2013.
	Signature of a member or authorized representative of a member
	Tavun Patel
	Typed or printed name of signce

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Filing Fee: \$25.00

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