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# **COVER LETTER**

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SUBJ	ЕСТ:	Shinii Name of Din	ited Liability Company	
The en	nclosed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	dence concerning this matter	to the following:	
			ANDREA GUER Name of Person	echuny
			Firm/Company	
			10185 COLLINS AI	1E#711
		<u></u>	BAL HARBOUR, City/State and Zip Code	PL 33154
		E-mail address: (	TOBIAS @ GMAIL to be used for future annual report notif	
For fu	rther information cor	cerning this matter, please ca	all:	EP 28 F
	RILE Name of I	NDA SCHAMY Person	at (305) 456 – Area Code Daytime	Telephone Number 22
Enclos	sed is a check for the	following amount:		
\$2	5.00 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

	Shinjuku LLC			
( <u>Name of the Limited Lial</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number				
This amendment is submitted to amend the following	Ç;			
A. If amending name, enter the new name of the li	limited liability company here:			
The new name must be distinguishable and contain the words "I	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 AD	DRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or reregistered agent and/or the new registered office a	egistered office address on our records, enter the name of the new			
Name of New Registered Agent:	ERICKSON + SCHANY			
New Registered Office Address:	4770 BISCHYNE BLVD # 1280  Enter Florida street address			
<del></del>	MIAM , Florida 38137 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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member **Title** <u>Name</u> **Address Type of Action** \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove \_□ Change □ Add \_□ Remove ☐ Change **□**-Add "" U I remove Ÿ 28 ☐ Change □ Add ☐ Remove \_□ Change □ Add ☐ Remove

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Effective date, if other t (If an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific and c in this block does not me	cannot be prior to eet the applicabl	date of filing or more e statutory filing re	(option than 90 days after f equirements, this	iling.) Pursi	uant to 605.0207 ( not be listed as t
the record specifies a control The 90th day after	delayed effective da the record is filed.	ite, but not a	an effective tim	e, at 12:01 a.	m. on th	ne earlier of:
Dated SEPTEL	(BER 22.	2015	•			
		$\overline{}$	$\bigcirc$			
	Signature of a me	ember or authoriz	ed representative of	a member	<del></del> -	<del></del>
	BRENDA	SCHAA Typed or printed r	name of signee			

Page 3 of 3

Filing Fee: \$25.00