

L11 000 126940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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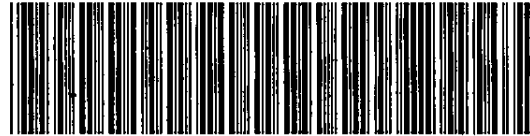
(Business Entity Name)

(Document Number)

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MAY - 8 2013

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: We Sha, 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:

Sue Pledger

Name of Person

Engel & Reiman pc

Firm/Company

730 17th Street, Suite 500

Address

Denver, CO 80202

City/State and Zip Code

s.pledger@engelreiman.com

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

For further information concerning this matter, please call:

Sue Pledger

Name of Person

at ( 303 ) 741-1111, Ext. 103

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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

We Sha, 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 11/07/2011 and assigned  
Florida document number 111000126940.

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)

800 Lucinda Lane

Quincy, IL 62305

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

800 Lucinda Lane

Quincy, IL 62305

**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: Capitol Corporate Services, Inc.

New Registered Office Address: 155 Office Plaza Dr., Suite A

*Enter Florida street address.*

Tallahassee

*City*

Florida 32301

*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.*

*Dellanie Case, asst sec*  
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	Joseph A. Tirado	530 Weeping Willow Lane	<input type="checkbox"/> Add
		St. Augustine, FL 32080	<input checked="" type="checkbox"/> Remove
MGR	Joseph A. Tirado	800 Lucinda Lane	<input checked="" type="checkbox"/> Add
		Quincy, IL 62305	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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Dated April 26, 2013



Signature of a member or authorized representative of a member

Joseph A. Tirado, Member

Typed or printed name of signer

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Filing Fee: \$25.00

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