

L11000135065

*Law Offices of*  
*Steven Michael LaBrie, P.A.*  
226 HILLCREST STREET  
ORLANDO, FLORIDA 32801-1243  
(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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12 JUL 20 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JUL 23 2012  
EXAMINER

*Law Office of  
Steven Michael LaBret, P.A.*

*226 Hillcrest Street*

*Orlando, Florida 32801-1243*

LLM. IN TAXATION  
ALSO ADMITTED IN LOUISIANA  
AND MICHIGAN BARS

PHONE # (407) 422-5819  
FAX # (407) 423-7718  
E-MAIL: Labretpa@flrr.com

July 18, 2012

Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Company:** Shala, LLC  
**Business Name:** Red Dragon Chinese Express  
**LL #:** 58-11247 Series 2COP  
**Business:** Restaurant  
**Location:** 24 E. Washington St.  
Orlando, FL 32801

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**Our Client:** Shala, LLC  
**Our File No:** 1241-L-003 (Ermal Lulo)

12 JUL 20 AM 11:34  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

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AND  
FILED

Dear Sir/Madam:

Enclosed is a check for \$70.00 to record the attached Articles of Amendment to Articles of Organization.

Please send proof of the recorded document to the undersigned in the self-addressed stamped envelope.

Thank you for your anticipated cooperation.

Sincerely yours,

  
S. M. LABRET

SML/aeo  
Encls.

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

**SHALA 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 NOVEMBER 30, 2011 and assigned Florida document number L11000135065.

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)

24 EAST WASHINGTON STREET

ORLANDO, FLORIDA 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

24 EAST WASHINGTON STREET

ORLANDO, FLORIDA 32801

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TALLAHASSEE, FLORIDA

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**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:

ERMAL LULO

New Registered Office Address:

611 CALADESI TRAIL

*Enter Florida street address*

ORLANDO

, Florida

32807

*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.*

X ERMAL LULO  
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

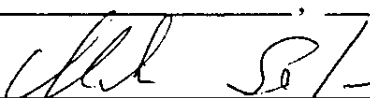
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MARKO SALJANIN	24 WEST WASHINGTON STREET ORLANDO, FLORIDA 32801	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	GENTI LULO	611 CALADESI TRAIL ORLANDO, FL 32801	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ERMAL LULO	611 CALADESI TRAIL ORLANDO, FL 32801	<input checked="" 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 \_\_\_\_\_,



Signature of a member or authorized representative of a member

MARKO SALJANIN

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

12 JUL 20 AM 11:34

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AND  
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