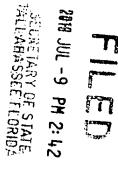
L12000016334

Office Use Only



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D. BRUCE

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 21, 2013

FRANCIS ORISKA 1129 NE 163RD ST NORTH MIAMI BEACH, FL 33162

SUBJECT: SHAKE 2 SHAPE HOME 4 U INVESTMENTS LLC

Ref. Number: L12000016334

We have received your document for SHAKE 2 SHAPE HOME 4 U INVESTMENTS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 813A0001560

28日 JUL -9 PM 2: 42

COVER LETTER

Division of Corporations
SUBJECT: Shake 2 Shape Home 4 U Investments 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:
Francis Oriska Name of Person
Firm/Company
1129 NE 163rd St Address
North Miami Beach FL 33162 City/State and Zip Code Shake2Shape Home4U @ gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Shake2Shape Home 4u @ gmo11.cm F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
For further information concerning this matter, please call: Trancis oriska at 186 624-8774 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

Shake 2 Shape Hama 4 U Investments Lac (Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

New Registered Office Address:	Enter Florida street address
Name of New Registered Agent:	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
(Mailing address MAY BE A POST OFFICE BOX)	Coral springs TC 33077
Enter new mailing address, if applicable:	P.O. BOX 770464
(Principal office address MUST BE A STREET ADDRESS)	North miami beach FL 33162
Enter new principal offices address, if applicable:	1129 Ne 163rd St
SASHAU LLC The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
A. If amending name, enter the new name of the limited liab	illity company here:
This amendment is submitted to amend the following:	
Florida document number <u>L120000 [6334]</u> .	·
The Articles of Organization for this Limited Liability Company	were filed on 02 2012 and assigned

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>M62</u>	Francis oriska.	P.O. BOX 770464	Add
		Coral Springs FL 3307	Remove
MGRM	Ronaldo Cerve	(Orch springs FL 3307	
MEIRM	Jino pesarme	P.O. BOX 770464 (Crai springs Fl 330	
			Add Ramove
			HASSEE FLORIDA
			Add Remove

). If <u>a</u> i	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated_	07/10/2013.
	Signature of a member of authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Attention: Debra Bruce



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