

L12000016334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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JUL 10 2013
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 call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 813A0001560

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
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

Shake2ShapeHome4U@gmail.com

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

For further information concerning this matter, please call:

Francis Oriska

Name of Person

at (786) 624-8774

Area Code & Daytime Telephone Number

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

CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Shake 2 Shape Home 4 U Investments 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 02/02/2012 and assigned Florida document number L12000016334.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

S2SH4U LLC

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)

1129 NE 163rd St
North Miami Beach FL 33162

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. BOX 770464
Coral Springs FL 33077

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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	Francis Oriska	P.O. Box 770464	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33077	<input type="checkbox"/> Remove
MGRM	Ronald O Cerve	P.O. Box 770464	<input checked="" type="checkbox"/> Add
		Coral Springs FL 33077	<input type="checkbox"/> Remove
MGRM	Jino Desorme	P.O. Box 770464	<input type="checkbox"/> Add
		Coral Springs FL 33077	<input checked="" 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

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 PALM BEACH COUNTY, FLORIDA

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

Dated

07/10/2013

Francis Oriska

Signature of a member or authorized representative of a member

Francis Oriska

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

Attention: Debra Bruce

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TALLAHASSEE FLORIDA