12000050610

(F	Requestor's Name)				
(A	Address)				
(A	address)				
· (C	City/State/Zip/Phone #)				
PICK-UP	WAIT MAIL				
(E	Business Entity Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions to Filing Officer:					
L					

Office Use Only



500238200095

08/06/12--01051--003 **55.00

SECRETARY OF STATE

T. CLINE

AUG - 7 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shoe La La 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:
Roben Ferson Name of Person
Shoe La La LLC Firm/Company
9182 Glades Rd.
Boca Raton, FL.33434 City/State and Zip Code
Shoe La Laboca @ aor. CoM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Roben Feist at (561) 487-9998 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

Shoe	Lala	LL	\subset			
(Name of the Limited Lia (A Flo	bility Company : orida Limited Liab	as it now app ility Compan	pears on our rec	ords.)		
The Articles of Organization for this Limited Liabi Florida document number L 1 3 6 6 6			· · · · · · · · · · · · · · · · · · ·	an	d assigned	
This amendment is submitted to amend the followi						
A. If amending name, enter the new name of the	<u>e limited liabilit</u>	y company	<u>here</u> :		•	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited	Liability Co	mpany," the desi	gnation "LLC" or	the abbreviatio	n
Enter new principal offices address, if applicable	e:	918	2 Glac	tes Rd		
(Principal office address MUST BE A STREET ADDRESS)		රිපර	a Rato	on, FL	3343	, 4
	_	······ ·		<u></u>		
Enter new mailing address, if applicable:	_	918	a Gla	des Ro	ય	
(Mailing address MAY BE A POST OFFICE BOX)		<u> ಅಂ</u>	a Rat	on, Fl	<u> 3343</u>	31
B. If amending the registered agent and/or	registered office	e address o	n our records	enter the not	me of the nev	
registered agent and/or the new registered office			ii oui iccords	, <u>enter tite inte</u>	3	· ·
Name of New Registered Agent:	Rol	peru F	-eist	100 SE		<i>}</i>
New Registered Office Address:	918	32 GL	ades R	રત . 🌁	·	
		,	Enter Florida s			
-	Boca		<u>کلا , Fl</u>	orida <u>33</u>	<u> </u>	
		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, thereby 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 of Managing Member being added or removed from		dress of each Man
MGR = Manager MGRM = Managing Member	•	
<u>Title</u> <u>Name</u>	Address	Type of Actio
President Roben Feist	9182 Glades Rd Boca Raton, FL 334;	Add Remove
e President Marcus Feist	9182 Glades Rd Boca Raton, FL 334	Add Remove
Dimitriy Shames	9182 Glades Rol Boca Raton FL 334	Add Remove
		Add Remove
· · · · · · · · · · · · · · · · · · ·		☐Add ☐Remove
		Add
D. If amending any other information, enter change	(s) here: (Attach additional sheets, if necessar	y.)
		<u> </u>
Dated,	reist or authorized representative of a member	AIIZ NUG -6
Rob	or printed name of signee	
	Page 2 of 2	要のも

Filing Fee: \$25.00