L12000066584

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J. SAULSBERRY EXAMINER

SEP 13 2013

COVER LETTER

TO: Amendment Sec Division of Corp				
NAME OF CORPO	RATION: SHIRLEY E	BEN-NAHUM LL	С	_
DOCUMENT NUM	_{BER:} L1200006658	4		<u>.</u>
The enclosed Articles	of Amendment and fee are su	bmitted for filing.		
Please return all corre	spondence concerning this ma	tter to the following:		
	MARIA E RUIZ			
		Name of Contact Person		
	L M ACCOUNTIN	IG SERVICES I	VC	
		Firm/ Company		
	7750 SW 117 AV	E SUITE 201F		
		Address		
	MIAMI FLORIDA	33183		
	,	City/ State and Zip Code	2	
MA	ARIAQUIROS9@H			
-	E-mail address: (to be us	sed for future annual report	notification)	" (c) ""
	:			(
For further information	on concerning this matter, pleas	se call:		=
MARIA E RI	JIZ	at (305	595-2407	
Name	of Contact Person		de & Daytime Telephone Nu	ımber
Enclosed is a check f	or the following amount made	payable to the Florida Depa	urtment of State:	
■ \$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is	□\$52.50 Filing Fee Certificate of Status Certified Copy	

enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(Additional Copy is enclosed)

COVER LETTER

Division of	f Corporations	
SUBJECT:	Shirley Ben-Nahum LL.C. Name of Limited Liability Company	
	Name of Limited Liability Company	
,		
The enclosed Article	es of Amendment and fee(s) are submitted for filing.	
Please return all cor	respondence concerning this matter to the following:	
	*	
	Shirley Ben - Nahum	
	Name of Person	
	Shirley Ben-Mahum, LLC Firm/Company	
	Firm/Company	
	15234 S.W. 111 Huet Address	
	Address	281
	City/State and Zip Code shipley jhernandez of Smail. Com E-mail address: (to be used for future annual report notification)	M13 SEP 11 AM 8: 5
	City/State and Zip Code	
	shirley hernandez egmail. Com	
	E-mail address: (to be used for future annual report notification)	<u> </u>
For further informat	tion concerning this matter, please call:	== Q
5%;~	ley Ben Nahum at 305, 904 1935 ame of Person Area Code & Daytime Telephone Number	<u>;</u> 2
N	ame of Person Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:	,
■ \$25.00 Filing Fe	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified Copy	of Status &
R D P.	STREET/COURIER ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, 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

Shipley - To (Name of the Uimited	en-Nahu	im, LLC		
(Name of the Limited (A	Liability Comp Florida Limited	pany ás it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited L Florida document number	iability Compar			and assigned
This amendment is submitted to amend the foll-	owing:			0,
A. If amending name, enter the new name o	f the limited lia	ability company here	:	52
The new name must be distinguishable and end wi "L.L.C."	th the words "Lit		•	1
Enter new principal offices address, if applic	able:	old (3326/	carragut si	UNIT 1
(Principal office address MUST BE A STREE	ET ADDRESS)	40114	rwood, Fl	330211
	. ,	New: 15	234 SW 1	11 th S
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		, 601722 Miami Bea	ch, F/
			4194	33160
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		e <u>re</u> :	ur records, <u>enter th</u>	e name of the new
	7750 5\\/	117TH AVE SUI	TE 201E	
New Registered Office Address:	1130 300		er Florida street addre	
\ . ·	MIAMI		, Florida 331	
		City	, riorida <u>55</u>	Zip Code
N. P. J.				

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 ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
-	
_	
ated 🚣	Japa p.9 , 2013.
	- Pl Belolin
	Signature of a member or authorized representative of a member Ship ley Ben-Nanum
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 SEP 11 AM 8: 52