## L12000071264

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT	MAIL			
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(Document Number)				
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SECRETARY OF STATE TALLAHASSEE, FLOSID,

D. BRUCE

SEP 1 0 2012

EXAMINER

## **COVER LETTER**

		COVER LETTER		
TO: Registration So Division of Cor				
SUBJECT:	SHU	ALLY LLC		
		ted Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Yaniv Ben-Yshay		
		Name of Person		
		Shu Aly LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		6850 NW 2nd Ave		
		Address		~~~{ ****
	В	oca Raton, FL 33487		12 SEP SECRET
	,	City/State and Zip Code		P-7
	E-mail address: (i	and592040@aol.com to be used for future annual repo	rt notification)	(17) 1≪
For further information of	concerning this matter, please c	all:		F S S S S S S S S S S S S S S S S S S S
Jar	mes Andrews	at (_305 )	323 1278	6 th
Name o	of Person	Area Code & I	Daytime Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en		of Status &

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

SHU AL	Y LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear	s on our records.)		
(A Florida Limited I	Liability Company)			
The Articles of Organization for this Limited Liability Company	were filed on	05/29/2012	and assigned	
Florida document number L12000071264 .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company her	<u>e</u> :		
SHUALL	Y LLC			
The new name must be distinguishable and end with the words "Lim "L.L.C."	ited Liability Compa	ny," the designation "I	LC" or the abbreviation	on
Enter new principal offices address, if applicable:			<del></del>	
(Principal office address MUST BE A STREET ADDRESS)			12 S	
			- SS J	7.
Enter new mailing address, if applicable:				四色
		-A1- <del>-A-31</del> -A		
(Mailing address MAY BE A POST OFFICE BOX)			0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	
	-		<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ur records, <u>enter t</u>	he name of the ne	<u>w</u>
Name of New Registered Agent:				
New Registered Office Address:			<u></u>	
	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 = Man MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
1			Add Remove
D. If amendi	ing any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	FILED  12 SEP -7 MM II: 49  SECRETARY OF STAIL LLAHASSEE FLORID.
Dated	9-4, 201		_
	Y	or authorized representative of a member aniv Ben-Yshay or printed name of signee	

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Filing Fee: \$25.00