L12000107119

| (Re | equestor's Name) | |
|-------------------------|------------------------|----------|
| (Ac | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone #) | |
| (Addre | WAIT MAIL | |
| (Bu | usiness Entity Name) | <u> </u> |
| (Do | ocument Number) | |
| Certified Copies | Certificates of Status | |
| Special Instructions to | Filing Officer: | |
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Office Use Only



600279386326

11/30/15--01034--011 **25.00





COVER LETTER

| THE SHE | LTHER, LLC | | |
|---------------------------|---|---|--|
| SUBJECT: | Name of Lim | ited Liability Company | · |
| | | | |
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filing. | |
| Please return all corresp | ondence concerning this matter | to the following: | |
| | GASTON SCHNEIDER | | |
| | | Name of Person | |
| | THE Q KAPITAL GROU | P, CORP | |
| | | Firm/Company | |
| | 18851 NE 29TH AVE # 10 | 04 A | |
| | | Address | |
| | AVENTURA, FL 33180 | | |
| | | City/State and Zip Code | |
| | GS@QKAPITALGROUP. | | <u> </u> |
| | | to be used for future annual report notifi | ication) |
| For further information | concerning this matter, please c | all: | |
| GASTON SCHNEIDER | t | 305 705.0080 at () (| |
| Name | of Person | | Telephone Number |
| | ٠. | | |
| Enclosed is a check for t | 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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED 2015 NOV 30 PM 5: 06

THE SHELTHER, LLC

| (A Florida Li | imited Liability Company) | MASSEE, FLAIR |
|--|--|-----------------------------|
| The Articles of Organization for this Limited Liability Con Florida document number L12000107119 | mpany were filed on 08/20/2012 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limite | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limited | ed Liability Company," the designation "LLC" o | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRE | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | - , | enter the name of the |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | |
| | | |
| | , Flori | ida |

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

| <u>Title</u> | Name | <u>Address</u> | Type of Action |
|--------------|------------------|------------------------------|---|
| MGR | GASTON SCHNEIDER | 18851 NE 29TH AVE # 104A-AVI | Add |
| | | | □ Remove |
| | | | Change |
| MGR | SUAZO, TIM | 13501 SW 128TH ST- SUITE 202 | |
| | | MIAMI-FL 33186 | ■ Remove |
| | | | Change |
| | | | Add |
| | | | Remove O The Control of the Control |
| | | | PRed D |
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| | | | □ Remove |
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| ffective da | te, if other th | an the date of | filing: | | | | (optional | () | |
| an effective | late is listed, the d | date must be specif this block does | ic and cannot | be prior to date applicable s | e of filing or m tatutory filin | ore than 90 day | ys after filin | g.) Pursuant to | o 605.020 e listed a |
| ocument's | effective date or | n the Departmen | t of State's r | ecords. | | | | | |
| e record s | specifies a de | elayed effecti | ve date, h | out not an | effective t | ime. at 12 | :01 a.m | . on the e | arlier o |
| | | ne record is fi | | | | | | | |
| NOV | EMBER, 25TH | | 2015 | | | | | | |
| ated | | | 7/1/201 | | | | | | • |
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Page 3 of 3

Filing Fee: \$25.00