

L13 000047889

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(Address)

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CORPORATION DIVISION

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Silver Ace 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:

Sudan Al-Martin
Name of Person

Firm/Company

15 Stratford RD # A2
Address

Brooklyn, NY 11218
City/State and Zip Code

SU45CC@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sudan Al-Martin at (201) 602 8210
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Silver Ace, 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 April 2, 2013 and assigned Florida document number L13000047889.

This amendment is submitted to amend the following:

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

Shetara Shetara, 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)

1175 Darnaby Way
Orlando, FL 32824

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

15 Stratford RD #12
Brooklyn, NY 11218

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

City, Florida 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>
	<u>Sudan Al-Martin</u>	<u>15 Stratford RD</u>	<u>Add</u>
		<u>1175 Darnaby Way</u>	<u>Remove</u>
		<u>Orlando, FL 32824</u>	
<u>Mgr</u>	<u>Damaris Santiago</u>	<u>1175 Darnaby Way</u>	<u>Add</u>
		<u>Orlando, FL 32824</u>	<u>Remove</u>
<u>Mgr</u>	<u>Nile Martin</u>	<u>1175 Darnaby Way</u>	<u>Add</u>
		<u>Orlando FL 32824</u>	<u>Remove</u>
<u>Mgr</u>	<u>April Small</u>	<u>8301 Nunley Dr</u>	<u>Add</u>
		<u>Parkville, MD 21234</u>	<u>Remove</u>
			<u>Add</u>
			<u>Remove</u>
			<u>Add</u>
			<u>Remove</u>

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

Dated _____, _____.



Signature of a member or authorized representative of a member

Sudan Al-Martin

Typed or printed name of signee

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Filing Fee: \$25.00

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