L1300056551

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

Office Use Only



600249734266

07/19/13--01020 -010 **160.00

2818 JUL 19 PM 1:07

JUL 2 2 2013 D BRUCE

COVER LETTER

Registration Section TO: **Division of Corporations** Shoma Retail, 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: Masoud Shojaee Name of Person Shoma Retail, LLC Firm/Company 3470 NW 82nd Avenue, Suite 988 Address Doral, Florida 33122 City/State and Zip Code mshojaee@shomagroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 786,437-8658 Frank Silva, Esq. Area Code & Daytime Telephone Number Name of Person

Enclosed is a check for the following amount:

□ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

Certificate of Status &
Certificate 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

| Shoma Retail, LLC | | | |
|--|---|-------------------------|-----------------|
| (<u>Name of the Limited Liabili</u> (A Florida | ty Company as it now appears on our rec a Limited Liability Company) | ords.) | - |
| The Articles of Organization for this Limited Liability | Company were filed on April 17, 201 | 13 and | assigned |
| Florida document number L13000056551 | · | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the lin | mited liability company here: | | |
| The new name must be distinguishable and end with the w "L.L.C." | ords "Limited Liability Company," the desi | ignation "LLC" or th | he abbreviation |
| Enter new principal offices address, if applicable: | | FAC | 23 |
| (Principal office address MUST BE A STREET ADL | DRESS) | 200 73 1 200 73 1 | |
| | | - <u>お</u> 写 | 9 1 |
| Enter new mailing address, if applicable: | | が | PA |
| (Mailing address MAY BE A POST OFFICE BOX) | | LORIDA CORIDA | |
| | | | |
| B. If amending the registered agent and/or reging registered agent and/or the new registered office ad | | s, <u>enter the nam</u> | e of the new |
| Name of New Registered Agent: | | | |
| New Registered Office Address: | | | |
| | Enter Florida . | street address | |
| | | lorida | |
| | City | Zip C | 'ode |

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

| Title | Name | Address | Type of Action |
|------------|---------------------|---|----------------|
| Co-Manager | Anibal Duarte-Viera | 370 Miracle Mile, 2nd Floor, Coral Gables, FL 331 | 134 🖌 Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Add |
| | | | Remove |
| | | | Aid |
| | | | Remove |
| | | | Remove |
| | | | |
| | | | Remove |

| · | |
|---------|--|
| | |
| July 16 | 2013 |
| | |
| | Signature of a hamber or authorized representative of a member |
| | Masoud Shojaee |
| | yped or printed name of signee |
| | Page 3 of 3 |
| | Filing Fee: \$25.00 |

2919 JUL 19 PM 1: 07