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COVER LETTER

TO: Registration Section of Corp		•	
SUBJECT: 3	Shopes The Name of Limit	led Liability Company	
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Mu	Name of Person	
	36hopas	Firm/Company	LC
	12781 MIR	Address	# 203
	MIRAMAR batemas 36L	City/State and Zip Code City/State and Zip Code Composition of State C	——————————————————————————————————————
For further information co	E-mail address: (to neerning this matter, please c		Car of 1
Name of	Person	at (954) 391-813 Area Code & Daytime Te	lephone Number
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	2330.00 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 TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{7/38(2013)}{2013}$ and assigned
Florida document number L1 3000 104182	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12781 MIRAMAR PARKURY # 203
(Principal office address MUST BE A STREET ADDRESS)	MURRAMAR, FLORIDA 33027
Enter new mailing address, if applicable:	12781 MERAMAR PAISTURY # 203
(Mailing address MAY BE A POST OFFICE BOX)	MERAMAR FLOREDA 38027
B. If amending the registered agent and/or registered off 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 5 Zip-Code Zip-Code
	No. of the second secon

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 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>	Address	Type of Action
			Add
			Remove
			Add
			Remove
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			Add
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			Remove
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	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

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