

L 14000174409

Division of Corporations

11/22/14 1:02 PM

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H14000263441 3)))



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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : ARM CONSULTING
Account Number : I20140000045
Phone : (786)286-5344
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SHUSHOP 3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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14 DEC -9 AM 10:00

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
DEC 10 2014



December 4, 2014

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SHUSHOP 3 LLC
2395 NW 21 TERRACE
MIAMI, FL 33142US

SUBJECT: SHUSHOP 3 LLC
REF: L14000174409

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please print clearly the name of the new manager.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

FAX Aud. #: H14000263441
Letter Number: 814A00025545

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRAR'S OFFICE

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SHUSHOP 3 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/10/2014 and assigned
Florida document number L14000174409

This amendment is submitted to amend the following:

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

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**)

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

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

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ERS USA LLC	2395 NW 21 TERRACE	<input type="checkbox"/> Add
		MIAMI, FL 33142	<input checked="" type="checkbox"/> Remove
MGR	Erge Footwear & Accessories, Inc	2395 NW 21 TERRACE	<input checked="" type="checkbox"/> Add
	ERGE FOOTWEAR + ACCESSORIES, INC	MIAMI, FL 33142	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

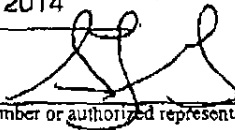
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated NOVEMBER 12, 2014



Signature of a member or authorized representative of a member

ARMANDO NODA

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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