## L15000046215

(Requestor's Name)	
(Address)	
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(Business Entity Name)	<del></del>
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2017 JUL -5 PH 4: 01

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## **COVER LETTER**

	Registration Sec Division of Corp			
	Amendment			
SUBJEC	:T:	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Hamid AL SHALCHI		
			Name of Person	
		SHALCO LLC		
			Firm/Company	· <del></del>
		31 Clandon Close,		
			Address	
		Epsom, KT17 2NH, Unit	ed Kingdom	
			City/State and Zip Code	
		hamob@msn.com		
		E-mail address; (	to be used for future annual report no	otification)
For furth	er information co	oncerning this matter, please co	all:	
Hamid	AL SHALCHI		at () 528-8572 Area Code Dayt	
•	Name of	Person	Area Code Dayt	ime Telephone Number
Enclosed	I is a check for th	e following amount:		
<b>■</b> \$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 TO ARTICLES OF ORGANIZATION OF

2017 JUL -5 PK 4:01

SHALCO 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 March 13.2	and assigned		
Florida document number L15000046215				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity 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:	31 Clandon Close.			
(Mailing address MAY BE A POST OFFICE BOX)	Epsom			
(Studing data ess plat be a 1031 Of Fice most	KT17 2NH, United Kit	ngdom		
registered agent and/or the new registered office address her  Name of New Registered Agent:				
New Registered Office Address:				
The Transfer of The Transfer o	Enter Florida street address			
	Florida Zip Code			
	·	Zip Code		
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is		
If Cha	nging Registered Agent, Sign	ature 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:

AMBR = A	<u>Name</u>	Address	Type of Action
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an effective dat	te, if other than the date is listed, the date must b	e specific and cannot	t be prior to date of ti	ling or more than 90 d	ays after filing.) Purs	uant to 605.0207 (
<u>lote:</u> If the d	fate inserted in this bloc ffective date on the Dep	k does not meet the	e applicable statut records	ory filing requireme	ents, this date will r	iot be listed as t
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e record s The 90th	day after the reco	d is filed.	Dut not an ene	ctive time, at 1	2.01 (3.77). 017 (3	ie carner or
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00