## L17000038438

(Re	equestor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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April 19, 2017

DIANA HALENZ 766 MUSA DRIVE KEY LARGO, FL 33037

SUBJECT: SHOPPING GURU LLC

Ref. Number: L17000028438

We have received your document for SHOPPING GURU LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

MISSING PAGE 3 WITH SIGNATURE

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.

Stacey M Warren Regulatory Specialist II

Letter Number: 417A00007647

## COVER LETTER

TO:				*
CUD II		GURU LLC		
SUBJ	EC1:	Name of Lim	ited Liability Company	
The en	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		SHOPPING GURU LLC  Name of Limited Liability Company  d Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  DIANA HALENZ, REGISTERED AGENT  Name of Person  DIANA M. HALENZ, CPA LLC  Firm/Company  766 MUSA DR  Address  KEY LARGO, FL 33037  City/State and Zip Code  DIANA@DEEPDIVEFINANCIAL.COM  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  ILENZ  Name of Person  Daytime Telephone Number  a check for the following amount:		
			Name of Person	
		DIANA M. HALENZ, CP.	A LLC	
			Firm/Company	
		766 MUSA DR		
			Address	
		KEY LARGO, FL 33037		
			City/State and Zip Code	<del></del>
		Amendment and fee(s) are submitted for filing.  Indence concerning this matter to the following:  DIANA HALENZ, REGISTERED AGENT  Name of Person  DIANA M. HALENZ, CPA LLC  Firm/Company  766 MUSA DR  Address  KEY LARGO, FL 33037  City/State and Zip Code  DIANA@DEEPDIVEFINANCIAL.COM  E-mail address: (to be used for future annual report notification)  oncerning this matter, please call:  at (  Area Code Diana Daytime Telephone Number  The following amount:  \$\Person \frac{305}{Area Cody} \frac{699-8323}{Daytime Telephone Number}  \$\Person \frac{305}{Area Cody} \frac{305}{Daytime Telephone Number}  \$\Person \frac{305}{Area Cody} \frac{305}{Daytime Telephone Number}		
For fu	rther information co	oncerning this matter, please ca	all:	
DIAN	A HALENZ			
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
<b>⊟</b> \$2	25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy

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

SHOPPING GURU LLC			
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now a la Limited Liability Comp	opears on our records.) any)	
The Articles of Organization for this Limited Liability C Florida document number L17000028438	Company were filed o	n FEBRUARY 6, 2017	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability compar	<u>ıy here</u> :	
The new name must be distinguishable and contain the words "Lin	nited Liability Company,"	the designation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office add		s on our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			······································
	Ente	r Florida street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registere			
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and cacept the obligations of my position as registered a	complete performand	e of my duties, and I am fa	amiliar with and 🕟

If Changing Registered Agent, Signature of New Resistered

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited

company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	BLUE TANG, LLC	361 FAREHAM DR	<b>■</b> Add
		VENICE, FL 34293	Remove
			□ Change
MGR	LAURA LANG	361 FAREHAM DR	Add
		VENICE, FL 34293	Remove
			_□ Change
	<del></del>		_ □ Add
			☐ Remove
			Change
		· · · · · · · · · · · · · · · · · · ·	Add
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			CF STATE Remove
			☐ Change

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•	
fective date, if other than the date of filing:	ot be listed
The 90th day after the record is filed.	
6 5/4/2017	
Signature of a plenber or authorized representative of a member	
Digna M. Halenz	FIL
Typed or printed name of signee	<u>ED</u>
Page 3 of 3	

Filing Fee: \$25.00