

L17000152184

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

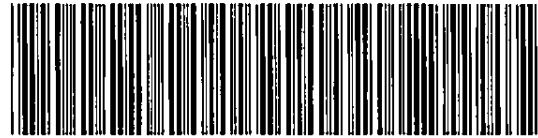
(Business Entity Name)

(Document Number)

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FILED
17 AUG 23 AM 11:49
TALLAHASSEE, FLORIDA

AUG 25 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shaka Shieldz 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:

Charles Michael Fernandez Graham
Name of Person

Shaka Shieldz LLC
Firm/Company

9 NE 45 St
Address

Pompano Beach FL, 33064
City/State and Zip Code

shaka.shieldz@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Lonai Barreto at (561) 451-6552
Name of Person Area Code Daytime Telephone Number

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) ☐ \$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**

Shaka Shield 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 July 17, 2017 and assigned Florida document number L17000152184.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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:

Charles Michael Fernando Graham

New Registered Office Address:

2424 SE 17th St, #101B

Enter Florida street address

Fort Lauderdale

Florida

33316

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 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

Title	Name	Address	Type of Action
MGR	Charles Graham	2424 SE 17 th St #101B	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL, 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Charles Graham	2424 SE 17 th St. #101B	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33316	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Loni Barreto	9 NE 45 St, 33064	<input checked="" type="checkbox"/> Add
		Pompano Beach FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Ambr	Loni Barreto	9 NE 45 St, Pompano	<input type="checkbox"/> Add
		Beach FL, 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 AUG 23
AM 11:49
FL
HHS
FLORIDA

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
ATLANTA, GEORGIA

17 AUG 23 AM 11:49
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-23-2011 BY 60322
UCBAW/SSE/FLORIDA

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

8/21/17

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

Lana Barrett
Typed or printed name of signee

Typed or printed name of signee

Kim

FLORIDA DEPARTMENT OF STATE

Nº 004609

Date: 08/23/2017

RECEIVED FROM: Charles Michael Fernandez Graham

the sum of Twenty Five and 00/100 Dollars \$ 25.00

For the following: LLC Amendment Filing

G. Blankenbaker

for Secretary of State

THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.