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(Business Entity Name)

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AUG 26 2019

FILED
2019 AUG 26 AM 8:30
SECTION 101
TALLAHASSEE, FL

SEP 05 2019
C Kinsey

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHINA CAPITAL 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:

GUILLERMO ACEVEDO

Name of Person

SHINA INVESTMENT LLC

Firm/Company

333 SE 2ND AVE, STE 2000

Address

MIAMI, FL 33131

City/State and Zip Code

ga@shinainvest.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GUILLERMO ACEVEDO

305 5049626

at ()

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**

SHINA CAPITAL 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 8/3/17 and assigned
Florida document number L17000165342.

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.L.C."

Enter new principal offices address, if applicable:

333 SE 2ND AVE, SUITE 2000, MIAMI FL 33131

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

333 SE 2ND AVE, SUITE 2000, MIAMI FL 33131

(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

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2019 AUG 26 AM 8:31
SECTION 1
TALLAHASSEE, FL

If attending 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>	<u>Address</u>	<u>Type of Action</u>
MGR	SHINA INVESTMENT LLC		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		333 SE 2ND AVE, SUITE 2000 MIAMI FL 33131	<input checked="" type="checkbox"/> Change
MGR	ENERGY FOUR LLC	1395 BRICKELL AVENUE SUITE 650, MIAMI, FL 33131	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GALOTTI, NICOLAS VICTOR		<input type="checkbox"/> Add
		20900 NE 30TH AVE, FLOOR 8 AVENTURA FL 33180	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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.

(b) The 90th day after the record is filed.

Typed or printed name of signee