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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Shimya Mami Beach 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:
Jobo Takarada Name of Person Shimuja Mami Black LlC Firm/Company 346 NE 93 Street Address Mami FL 33138 City/State and Zip Code Joko Takarada O Smail am E-mail address: (to be used for future annula report notification)
For further information concerning this matter, please call:
Name of Person at (305), 343, 430b Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\Bigcup \text{\$Certified Copy (additional copy is enclosed)}} \$\Bigcup \text{\$55.00 Filing Fee & 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

(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)
,	signed and assigned
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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	n "LLC" or the abbreviation "L.L.C."
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 registered agent and/or the new registered office address here:	ecords, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address: Enter Florida street	t address
	, Florida

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 Raoul Baum 601 NE 36 ST MTam: 12 33137 AMBR Keijchi Malmura 346 NE 93 St ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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ective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of file: If the date inserted in this block does not meet the applicable statuto ament's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective date, but not an effect need to be seen as a second is filed.	ctive time, at 12:01 a.m. on the earlie
ed MVCmber 27. 2018.	

Page 3 of 3

Filing Fee: \$25.00