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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
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## . COVER LETTER

TO: Registration Section

Division of Corporations	
SUBJECT: SHE HAM	une of Limited Liability Company
The enclosed Articles of Amendment and fee(	
Please return all correspondence concerning th	nis matter to the following:
	da Hamiton Name of Person
SHEH	HAM LLC Firm/Company
18610 N	Jw 38 ct
Miami	Gardens FL 33055 City/State and Zip Code
Sham (	address: (to be used for future annual report notification)
For further information concerning this matter	, please call:
Shelvnda Nathan	iel at (786) 274741 Area Code Daytime Telephone Number
	, and evac transfer to the control of the control o
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S30.00 Filing F Certificate of	
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHE HAM  (Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our records.) I Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 2000 0 2 1 4 1 0 5</u> .	by were filed on $\frac{9}{21120}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	bility company here:
The new name must be distinguishable and contain the words "Limited Liab Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	18610 NW 38 CT EMILL.C."  Miami Gardens, FL 33055
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	18610 NW 38 Ct = 33055
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, enter the name of the new registered
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

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 Ronnic Nathaniel 18610 NW 38ct Xdd

Miami Gardens, Fl. 330ss Remove

Change

Miami Gardens, Fl. 380ss Remove

Change

Change

Change

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