

L99000003351

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

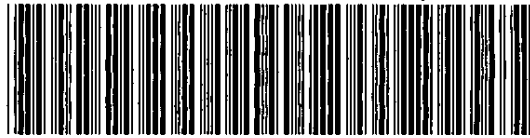
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

W08-34810

Special Instructions to Filing Officer:

Office Use Only

FF \$25



100133265731

07/23/08--01013--028 \*\*1096.95

FILED  
08 JUL 23 PM 1:54  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. Tadlock JUL 25 2008

508A00043156



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 18, 2008

SHIVA INTERNATIONAL L.C.  
CASA HONEY URB RIO VERDE  
MARABELLA  
MALAGA, SPAIN 29600,

SUBJECT: SHIVA INTERNATIONAL L.C.  
Ref. Number: L99000003351

We have received your document for SHIVA INTERNATIONAL L.C. and your check(s) totaling \$1071.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the above referenced limited liability company is no longer available. Please file an amendment changing the name of this entity. The fee to file an amendment is \$25.00.

In order to complete your filings, both the reinstatement application and name change amendment must be submitted together along with the applicable fees for processing.

The total amount due is \$1096.25.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6911.

Brenda Tadlock

Registration/Qualification Section  
Division of Corporations Letter Number: 608A00037158

LAW OFFICES OF  
*Howard W. Mazloff, P.A.*

DADELAND TOWERS  
9200 SOUTH DADELAND BOULEVARD  
SUITE 420  
MIAMI, FLORIDA 33156  
TELEPHONE (305) 670-6760  
FACSIMILE (305) 670-6799

July 21, 2008

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: Shiva International, L.C.  
Ref. Number L99000003351

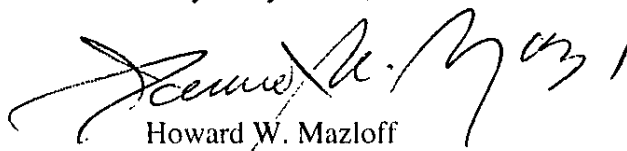
Ladies and Gentlemen:

Enclosed is your letter dated June 18, 2008 advising that the name Shiva International L.C. is no longer available for reinstatement.

Enclosed is an amendment changing the name to Shiva Intercontinental, LLC. Also, enclosed is our reinstatement for Shiva Intercontinental, LLC and a check for \$1,096.95 payable to the Department of State.

If you have any questions or comments, please contact the undersigned. DO NOT SEND THE LETTER TO SPAIN.

Very Truly Yours,

  
Howard W. Mazloff

HWM/mw

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shiva International, LC  
(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:

Howard W. Mazloff, Esq.  
(Name of Person)

Howard W. Mazloff, P.A.  
(Firm/Company)

9200 South Dadeland Blvd.  
(Address)

Miami, FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

Howard W. Mazloff, Esq. at ( 305 ) 670-6760  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                            |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Shiva International, LC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

08 JUL 23 PM 1:54  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 6/10/1999 and assigned  
Florida document number L 99000003351

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Shiva Intercontinental, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Casa Honey URB Rio Verde

Marabella, Malaga, Spain 29600

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Casa Honey URB Rio Verde Marabella

Malaga, Spain 29600

**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:

Howard W. Mazloff, Esq.

New Registered Office Address:

9200 South Dadeland Blvd. Suite 420

(Enter Florida street address)

Miami

(City)

Florida 33156

(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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                |                                 |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

|  |
|--|
|  |
|  |
|  |
|  |
|  |

Dated \_\_\_\_\_, \_\_\_\_\_

X TS22.4

Signature of a member or authorized representative of a member

Lotay Tarlochan

Typed or printed name of signee