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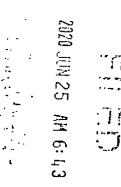
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COVER LETTER

TO:

Registration Section Division of Corporations

SHORE SE SUBJECT:	ERVICES LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	TONYA DALEY		
		Name of Person	
	SHORE SERVICES LLC		
		Firm/Company	
	4903 BIG HORN ST		
		Address	
	ORLANDO FL 32819		
		City/State and Zip Code	· -
	GOTALOANFORYOU@Y		
	E-mail address: (to be used for future annual report not	ification)
For further information e	oncerning this matter, please c	all:	
TONYA DALEY		407 963-8864 at ()	
Name of Person			ne Telephone Number
Enclosed is a check for th	ne 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 S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration So Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORE SERVICES LLC			2023
	7037 (190 (1916)		<u></u>
(Name of the Limi	(A Florida Limited	iny as it now appears on our re Liability Company)	COFUS.)
The Articles of Organization for this Limited I. Florida document number L06000106676			and assigned
This amendment is submitted to amend the following	owing:		- - -
A. If amending name, enter the new name of	f the limited liab	oility company here:	
SHORE SERVICES OF FLA LLC			
The new name must be distinguishable and contain the v	words "Limited Liabi	lity Company," the designation '	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		4903 BIG HORN ST	
		ORLANDO FL 32819	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4903 BIG HORN ST ORLANDO FL 32819	
B. If amending the registered agent and/or agent and/or the new registered office addre		address on our records, <u>er</u>	iter the name of the new registered
Name of New Registered Agent:	TONYA DALI	EY	
New Registered Office Address:	4903 BIG HOR	RN ST	
the management of the man est.		Enter Florida street ac	ldress
	ORLANDO		. Florida 32819
		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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
PRES	TONYA DALEY	4903 BIG HORN ST	□ Add
		ORLANDO FL 32819	□Remove
			□ Change
			□Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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			□Remove
			□Change

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(If an effe Note:	ce date, if other than the date of filing:
he rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated_	6/18/2020

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Typed or printed name of signee

Filing Fee: \$25.00