43606

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COVER LETTER

TO: Registration Section
Division of Corporations

	SHARKTOOTH PROPER	TIFS LLC				
SUBJECT:		nited Liability Company				
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.				
Please return all corr	espondence concerning this matte	r to the following:				
	MARY	Name of Person				
	SHARKT	Name of Person SHARKTOOTH PROPERTIES LLC				
		Firm/Company				
	5174	COOPER TER				
	200-	Address	2.4			
	- PORT	CHARLOTTE, FL 3398 City/State and Zip Code				
	002@GMAIL.COM					
	E-mail address:	(to be used for future annual repo				
For further informati	on concerning this matter, please	,	,			
	RY WALDECK		457-6809			
Na	me of Person	Area Code I	Daytime Telephone Number			
Enclosed is a check	for the following amount:					
凶 \$25.00 Filing Fe	ce S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status & Certified Copy (additional copy is enclosed)			
	on Section	Street Addr Registratio	on Section			
Division (P.O. Box	of Corporations		f Corporations e of Tallahassee			
	ee. FL 32314		Ionroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHARKTOOTH PROPE	4029 28 51 19. oc
(Name of the Limited Liability Company a (A Florida Limited Liabi	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company were Florida document numberL11000043606	re filed on and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5174 COOPER TER
(Principal office address MUST BE A STREET ADDRESS)	PORT CHARLOTTE, FL 33981
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX) —	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name of the new regist
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 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>	Name	<u>Address</u>	Type of Action
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			□Remove
			□ Change
			□Ađd
			Remove
			Change
			□Add
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			Change
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ecord spi is filed.	ecifies a delayed effecti	ve date, but not a	an effective tin	ne, at 12:01 a	i.m. on the ea	rlier of: (b)	The 90th day a	ifter the
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			in M	<i>'),</i> ·				
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			<i>V</i>	21/	_			
		MAI	RY WALDE	CK				