## 116000165989

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(business Entity Name)
(Document Number)
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S. YOUNG

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## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT: Show	reline Amusents Ll	L	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	James Th	Name of Person	<del></del>
	Shoreline An		
	126 Dawkil		
	10 Date 1	Address	55
	Wewahitch	Ag FL 32465 City/State and Zip Code	
	Mainor 5251 a	ha FL 32465 City/State and Zip Code  Oyahoo. Com to be used for future annual report notifi	cation)
For further information	on concerning this matter, please c		M
James	Mahor ne of Person		3528 Telephone Number
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	2 □ \$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)
Reg	AILING ADDRESS: gistration Section fision of Corporations	STREET/COURIE Registration Section Division of Corpora	1

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shoreline Amusemens (Name of the Limited Liability (A Florida L	Company as it now appe	ars on our records )	<del></del>	
(A Florida L	imited Liability Company)	)		
The Articles of Organization for this Limited Liability Con	mpany were filed on	September 06,2	016 and assigne	: <b>d</b>
Florida document number <u>L 16000165989</u>	<b>-</b> '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limite				
Shoreline Amusements LLC The new name must be distinguishable and contain the words "Limite				
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."	,
Enter new principal offices address, if applicable:				i Vilia La Companya
(Principal office address MUST BE A STREET ADDRE	ESS)		19	11
			1. 3	من زند مارگاهی ا
			-0	U.S.
Enter new mailing address, if applicable:			异	7.07
• • • •			<u></u>	——————————————————————————————————————
(Mailing address MAY BE A POST OFFICE BOX)			ឬ	
		· · · · · · · · · · · · · · · · · · ·		
B. If amending the registered agent and/or registe		on our records, <u>ente</u>	r the name of t	he new
registered agent and/or the new registered office addre	ess here:			
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address.	Enter Fl	lorida street address		
		**** * *		
	City	, Florida _	Zip Code	
New Registered Agent's Signature, if changing Registered	•		-	

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:

<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
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			□ Remove
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n effective date is list	ed, the date must be specifi erted in this block does i	ic and cannot be prio		ore than 90 days after fili	ng.) Pursuant to 605.020
	date on the Department				
	es a delayed effective	ve date but n	nt an effective t	ime at 12:01 a m	on the earlier o
record specific	fter the record is fil		or an enective t		n on the earner o
The 90th day a	22	Ony			
The 90th day a	er 23		·		
The 90th day a	er 23	_, <u>2016</u> Men	corized representative		

Page 3 of 3

Filing Fee: \$25.00