

H23000412831 3

TO: Registration Section
Division of Corporations
PARK SHORE SUITES, LLC

SUBJECT: _____
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

JASON SAMPSON

Name of Person
Venerable Corporate and Trust Services, LLC

Firm/Company
301 West Platt Street, No. 657

Address
Tampa FL 33606

City/State and Zip Code
jsampson@venerable.law

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call

Jason Sampson 813 284-4727

Name of Person at () Area Code Daytime Telephone Number

Enclosed is a check for the 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION OF

PARK SHORE SUITES, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/17/2019 and assigned
Florida document number L19000306661.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

301 West Platt Street

No. 657

Tampa FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

301 West Platt Street

No. 657

Tampa FL 33606

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:

VENERABLE CORPORATE AND TRUST SERVICES, LLC

New Registered Office Address:

301 W PLATT ST NO. 657

Enter Florida street address

Tampa

Florida

33606

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.

Jason Sampson

If Changing Registered Agent, Signature of New Registered Agent

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MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	PAVOURIS, NICOLAS	2249 DONATO DRIVE	<input type="checkbox"/> Add
		BELLEAIR BEACH, FL 33786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Crestview Capital Holdings, LLC	30 N Gould St Ste R	<input checked="" type="checkbox"/> Add
		Sheridan, WY 82801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAVOURIS, GABRIEL	3000 HIBISCUS DR WEST	<input type="checkbox"/> Add
		BELLEAIR BEACH, FL 33786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAVOURIS, NIKI	3000 HIBISCUS DR WEST	<input type="checkbox"/> Add
		BELLEAIR BEACH, FL 33786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Blank lines for amending information.

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E. Effective date, if other than the date of filing: _____ (optional)
 (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed

Dated December 4, 2023

Jason Sampson
 Signature of a member or authorized representative of a member

JASON SAMPSON
 Typed or printed name of signee