## LZO 000093881

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO: Registration So Division of Cor			
220 Shorel SUBJECT:	ine Drive, LLC		
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
	Amendment and fee(s) are sub	<u>-</u>	
Please return all correspo	ondence concerning this matter	to the following:	
	Michael Dris, Esquire		
	-	Name of Person	
	Michael E. Dris , PA		
	<del>-</del>	Firm/Company	
	2925 Alt. 19, Suite A		: ^ <u>;</u> ;;
	<del></del>	Address	
	Palm Harbor, Florida 3468	33	
	<del></del>	City/State and Zip Code	
	2drbill@gmail.com		
B 6 1 1 6 1		to be used for future annual report notification)	
	oncerning this matter, please c	all:	
Michael Dris		727 786-5600 at ()	
Name o	of Person	Area Code Daytime Telephone	Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
Mailing Address		Street Address:	
Registration S Division of C		Registration Section Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee. I	FI 32314	2415 N. Monroe Street, S.	uite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

220 Shoreline Drive, 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 3/31/2020 \_\_\_\_ and assigned Florida document number <u>L20000093881</u> This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 220 Shore Drive, LLC 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_, Florida \_\_ Cin

## 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>	<u>Name</u>	Address	Type of Action
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an effective date is liste of the date inse	ner than the date of ed, the date must be spec- erted in this block doe date on the Departme	cific and cannot be prices not meet the appli	Cable statutory filit	coption (option (optio	nal) filing.) Pursuant to 605.020 date will not be listed as
	layed effective date, b	out not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
record specifies a de is filed.					
is med.	12, 2020 Nelleau S Signatur	Recli Euro			

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Filing Fee: \$25.00