104000093288

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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EXAMINER

COVER LETTER

TO: Registration Se Division of Con			
	ss Realtor, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		
	Sharon L. Gross		
	Shari Gross Realtor, LL	Name of Person	
	733 Heron Circle	Firm/Company	
	Destin, FL 32541	Address	- ,
	Shari@ShariGrossRealto		 - ႏ
For further information of	E-mail address: (concerning this matter, please c	to be used for future annual report notifiall:	cation)
Sharon L. Gross		850 376-5406	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shari Gross Realtor, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on December 17, 2004	and assigned
Florida document number L04000093288		
iorida document number	 -'	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Sharon Lynn Gross, LLC		
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or the	abbreviatioភ្ជឺឱឿL.C."
		<u>t.:</u> (2)
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	1
		· -
		2.
		· <u>\$</u>
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		·
3. If amending the registered agent and/or regis	stared office address on our records anta	r the name of the
egistered agent and/or the new registered office add		the name of the
Name of New Registered Agent:		
New Registered Office Address:		
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 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>	Address	Type of Action
			□ Remove
			□ Add
			☐ Remove
			☐ Change
			: Remove
		<u></u>	=== □ Change
			☐ Remove
			
			□ Remove
			☐ Change
			□ Remove
			Change

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ective date, if other than the date of filing:	(optional)
	nnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.9 t the applicable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State	e's records.
record specifies a delayed effective dat	e, but not an effective time, at 12:01 a.m. on the earlie
he 90th day after the record is filed.	a, but not an enective time, at 12.01 anni on the came
August 30	2018
August 30	·
	Mun & Mon Aber or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00