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(Re	questor's Name)	
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(City	y/State/Zip/Phone #	<u> </u>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates o	f Status
		
Special Instructions to f	-iling Oπicer:	

Office Use Only



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COVER LETTER

Amendment Section

P. O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO: Amendment Section Division of Corporations		
SUBJECT: INDIAN SHORES MA	NAGEME	ENT, LLC
Sobret.	Name of Survi	
The enclosed Certificate of Merger and fee(s) are	submitted for fi	iling.
Please return all correspondence concerning this	matter to:	
CAROL A VANCE		
Contact Person		-
CAROL A VANCE ESQ CPA	PLC	
Firm/Company		-
411 55TH AVE		
Address		-
ST PETE BEACH, FL 33706		
City, State and Zip Code		-
cvance@cavcpa.com		
E-mail address: (to be used for future ann	ual report notific	cation)
For further information concerning this matter, pl	ease call:	
CAROL A VANCE	at (727	,367-1222
Name of Contact Person	Area Code	Daytime Telephone Number
☑ Certified copy (optional) \$30.00		
STREET ADDRESS:	MAILI	NG ADDRESS:

CR2E080 (2/20)

Amendment Section

Tallahassee, FL 32301

Division of Corporations
Clifton Building
2661 Executive Center Circle

Articles of Merger For Florida Limited Liability Company

The following Articles of Merger is submitted to merge the following Florida Limited Liability Company(ies) in accordance with s. 605.1025. Florida Statutes.

FIRST: The exact name, form/entity type, and jurisdiction for each merging party are as follows:

<u>Name</u>	<u>Jurisdiction</u>	Form/Entity Type	
INDIAN SHORES HOLDINGS, LLLP	FLORIDA	LLLP	
			_
			_
			_
SECOND: The exact name, form/entity typ	e, and jurisdiction of the <u>survi</u>	ving party are as follows:	
Name	<u>Jurisdiction</u>	Form/Entity Type	
INDIAN SHORES MANAGEMENT, LLC	FLORIDA	LLC	

THIRD: The merger was approved by each domestic merging entity that is a limited liability company in accordance with ss.605.1021-605.1026; by each other merging entity in accordance with the laws of its jurisdiction; and by each member of such limited liability company who as a result of the merger will have interest holder liability under s.605.1023(1)(b).

FILED
2023 SEP 21 PM 12: 12

	* * * *					
FOUL	RTH: Please check one of the b	ooxes that a	pply to surviving em	ity: (if applicable)		
Ø	This entity exists before the merger and is a domestic filing entity, the amendment, if any to its public organic record are attached.					
	This entity is created by the merger and is a domestic filing entity, the public organic record is attached.					
	This entity is created by the merger and is a domestic limited liability limited partnership or a domestic limited liability partnership, its statement of qualification is attached.					
	This entity is a foreign entity mailing address to which the of Florida Statutes is:					
	<u>H:</u> This entity agrees to pay any 5.1006 and 605.1061-605.1072, I		rith appraisal rights t	he amount, to which n	nembers are entitled under	
	H: If other than the date of filin after the date this document is fil				not be prior to nor more than 90	
SEI	PTEMBER 30, 2023	3				
	If the date inserted in this block document's effective date on the		• •	, ,	nents, this date will not be listed	
SEVE	ENTH: Signature(s) for Each Pa	irty:				
	of Entity/Organization:		Signaturately		Typed or Printed Name of Individual:	
	AN SHORES MANAGEME	NT LLC	Signature(s):		DENISE SORACE, MGR,ABMR	
-	IAN SHORES HOLDING	<u> </u>	Om don	<u> </u>	DENISE SORACE, MGR, GP	
	IAN SHORES HOLDING		Right	Janace .	RICHARD SORACE, MGR, GP	
-			_ / witau	1.700		
 Corpo	prations:		n, Vice Chairman, P		2023 SEF	
Gener	ral partnerships:	(If no dir Signature	ectors selected, sign of a general partne	ature of incorporator., r or authorized person	SEP 21	
Gener Florid	ral partnerships: la Limited Partnerships:	<i>(If no dir</i> Signature Signature	ectors selected, sign of a general partne os of all general part	ature of incorporator., r or authorized person ners	SEP 21 AHASSEE	
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Gener Florid Non-F Limite	ral partnerships: la Limited Partnerships: Florida Limited Partnerships: ed Liability Companies:	flf no dir Signature Signature Signature Signature	ectors selected, sign e of a general partne es of all general part e of a general partne e of an authorized pe	ature of incorporator., r or authorized person ners r erson	SEP 21 PM 12: AHASSEE, FLOR	
Gener Florid Non-F	ral partnerships: la Limited Partnerships: Florida Limited Partnerships:	(If no dir Signature Signature Signature Signature mpany:	ectors selected, sign of a general partne es of all general part of a general partne	ature of incorporator, r or authorized person ners r	SEP 21 PH I2: 12 AHASSEE. FLORIDATE Partnership: \$35.00 \$25.00	