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T. HAMPTON

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
			Cottages V, LLC		
			ited Liability Company		
The er	nclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
	Gail Martin Abercrombie				
Name of Person					
Sivyer			er Barlow & Watson, P.A.		
			Firm/Company		
401 E		401 Eas	ast Jackson Street, Suite 2225		
			Address	· 	
			Tampa, FL 33602		
			City/State and Zip Code		
	gabercrombie@sbwlegal.com E-mail address: (to be used for future annual report notification)				
For fu	rther information (concerning this matter, please c		realion)	
Gail Martin Abercrombie			at (813_) Area Code & Daytim	221-4242	
	Name o	of Person	Area Code & Daytım	e Lelephone Number	
Enclos	sed is a check for t	he following amount:			
₹ 25	5.00 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

FILED

2011 OCT -3 PM 1:39

Coa (<u>Name of the Limited Lia</u> (A Flo	stal Cottages V, LLC bility Company as it now apprida Limited Liability Company	SEUNE FAR ears on our rectals AHASS	Y OF STATE EE, FLORIDA
The Articles of Organization for this Limited Liabil Florida document number		August 22, 2007	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company b	ere:	
By the S	Shore Investments II, LL	С	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Con	pany," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable	<u> </u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter the n</u>	ame of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
_			
_	City	Zi	p 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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Address Type of Action Title Name MGRM Claude Melli 4602 Dogwood Hills Court **✓** Remove Brandon, FL 33511 Claude Melli, Trustee MGRM 4602 Dogwood Hills Court ✓ Add Brandon, FL 33511 Remove ☐ Add Remove ∏Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 N Signature of a member or authorized representative of a member Claude Melli, Trustee of the Claude Melli Revocable Trust dated Sept.1, 2006

Typed or printed name of signee

Page 2 of 2
Filing Fee: \$25.00