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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Shorelines Commercial Design Group LLC (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:
GARY BADDERS (Name of Person)
Shorelines Commercial Design GroupLLC (Firm/Company)
793-D SANCHRISTOPHER DR. (Address)
Dune DIN FL 34698 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person) at (727) 733-0466 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Cornorations STREET/COURIER ADDRESS: Registration Section Division of Cornorations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETARY OF STATE SINGLE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS

Z' \		S
Shore lines (Name of the Limited Li	Commercial Descipionist Company as it now appears of lorida Limited Liability Company)	an Group, LLC
(A F	lorida Limited Liability Company)	,
The Articles of Organization for this Limited Liab	oility Company were filed on/	- 9- ο δ and assigned
Florida document number <u>L 0800000 3</u>	<u>403</u> .	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
The new name must be distinguishable and end with t "L.L.C."	the words "Limited Liability Company,	" the designation "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered office		records, enter the name of the new
Name of New Registered Agent:	N/	A
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 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Address Type of Action **Title** <u>Name</u> PAUL E HAGLER 743-D SANCHRISTOPHER DR THEOD GARY L BADDERS 793-DSANCHRISTOPHER
DUNEDIN FL
34498 Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) GARY L. BADDERS WILL REMAIN REGISTERD AGENT NO LONGER MANAGING MEMBER PAUL E HAGLER WILL BECOME MANAGING MEM BER Dated January 17 ature of a)member or authorized representative of a member GARY L. BADDERS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00