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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan JUL 19 2011

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Shoreline Venture Group
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:

Julie B. Stine
Name of Person

Shoreline Venture Group LLC
Firm/Company

2001 Sunderland Rd.
Address

Ma. Hard, FL 32751
City/State and Zip Code

julie@shorelineventure.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie B. Stine at (407) 538-6402
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

REF. Number: W09000001098

Letter Number:
109A00000866

UPC Number:
000139841250

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

11 JUL 18 AM 10:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Shoreline Venture Group 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 January 9, 2009 and assigned Florida document number L09000002808. 1-9-09 was date of corporate conversion from J&S Tailgator, Inc. to Shoreline Venture Group LLC. J&S Tailgator, Inc. This amendment is submitted to amend the following: was incorporated on March 27, 2008.

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with 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:

Julie B. Stine

New Registered Office Address:

2001 Sunderland Rd

Enter Florida street address

Martland

Florida

32751

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.

Julie B. Stine

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:

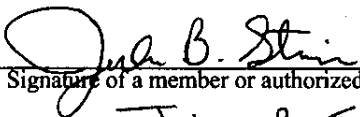
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Jody (Edward) Tobin	575 Limerick Drive Merritt Island, FL 32953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Julie B. Stine	2001 Sunderland Rd. Maitland, FL 32751	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated _____, _____.



 Signature of a member or authorized representative of a member
 Julie B. Stine

 Typed or printed name of signee