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**EXAMINER** 



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ECRETARY OF STATE
TABLESSEE FLOOR

TO: Registration Section
Division of Corporations

SUBJECT:	MARIA SELLS T	HE SEASHORE, LI	LC	
. e		d Liability Company		
			:	,
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.		
Please return all correspond	dence concerning this matter to	o the following:	, <del>(</del>	•
· , , ,	₹	MARIA LANIER	•	_
		Name of Person	A.	
•	· · · · · · · · · · · · · · · · · · ·	Firm/Company		
	1	77 OCEAN TERR		•
		Address		
	ORMO	ND BEACH, FL 3217	<b>'</b> 6	•
		City/State and Zip Code	·	•
	MARIA E-mail address: (to	MARIASALES.CON be used for future annual report	M notification)	
For further information con	cerning this matter, please cal	. •	notification)	
MAR	IA LANIER	at (_386 )	801-7966	
Name of P	erson	Area Code & Da	ytime Telephone Number	7
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee [ ]	\$30.00 Filing Fee & Certificate of Status	S55:00 Filing Fee & Certified Copy (additional copy is enclosed)	osed) Certified	te of Status &
	•		, -	

## 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

	City	, Fiorida	Zip Code
	4.7	. Florida	<del></del>
New Registered Office Address:	F.	nter Florida street add	dress
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·	
27 22 5 14			
registered agent and/or the new registered office address		our records, enter	me name or the net
B. If amending the registered agent and/or registere	d office address on	our records enter	the name of the nev
			A
(Mailing address MAY BE A POST OFFICE BOX)			RE O
Enter new mailing address, if applicable:			E F C
		<del></del>	SR 2
(Principal office address MUST BE A STREET ADDRES.	<u> </u>		ώ≥ N
Enter new principal offices address, if applicable:	<del></del>	······································	
"L.L.C."			Æg =
The new name must be distinguishable and end with the words "	Limited Liability Comp	any," the designation "	LLC" or the abbreviatio
Marin A. 1 - 2	nies. PLI	Ī.C.,	
A. If amending name, enter the new name of the limited	liability company he	re:	
This amendment is submitted to amend the following:			
Florida document number L10000073610			
The Articles of Organization for this Limited Liability Comp	pany were filed on	07/13/2010	and assigned
·			
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appea ted Liability Company)	rs on our records.)	<del></del>
MARIA SELLS T	HE SEASHORE	E, LLC	

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<sup>\*\*</sup> Manager

MGRM = Managing Member					
Title '	Name	Address	Type of Action		
			Add Remove		
			Add Remove		
<del></del>			Add Remove		
			Add Remove		
<del></del>	<del></del>		Add Remove		
<del></del>			Add Remove		
D. If amen		nge(s) here: (Attach additional sheets, if necessary.)			
 Dated	JANUARY 19  Maria Jante  Signatura of a mem	2011			
	U	MARIA S. LANIER  ed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00