

L11000003627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

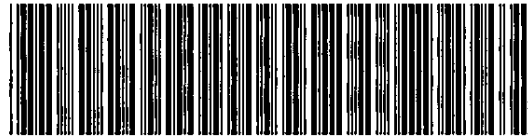
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Special Instructions to Filing Officer:

Amend

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NO AR For 2013 filed
9-25-12



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FILED
13 SEP 25 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 26 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **KDS13031LLC**

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:

David H. May

Name of Person

Keystone Developer Services LLC

Firm/Company

785 High Pines Drive

Address

Naples Florida, 34103

City/State and Zip Code

davidhmay@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David H. May

Name of Person

at **305 807-2838**

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

KDS13031LLC

(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 1/10/2011 and assigned
Florida document number 274536851 L11000003627

This amendment is submitted to amend the following:

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

Shores Property Management LLC

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)

785 High Pines Dr.

Naples Fl. 34103

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PMB #115

PO Box 413005

Naples Florida, 34101

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:

David H. May

New Registered Office Address:

785 High Pine Dr.

Enter Florida street address

Naples

City

Florida 34103

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.

David H. May
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

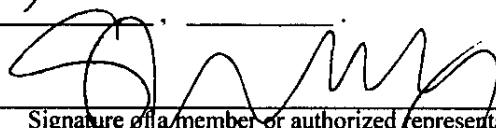
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Shannon May	700 Ketch Dr	<input type="checkbox"/> Add
		Naples Florida 34103	<input checked="" type="checkbox"/> Remove
MGRM	Shannon May	785 High Pine Drive	<input checked="" type="checkbox"/> Add
		Naples Florida, 34103	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated

9/20/13



Signature of a member or authorized representative of a member

Shannon May

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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