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(Re	questor's Name)	
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			WALK IN
		PICK UP:	1-22-15
		CERTIFIED COPY	
	K	РНОТОСОРУ	
	区	cus	fs.
	À	FILING	Lle Amend
1.		Sheller Boy Sec (CORPORATE NAME AND DOCUMENT #)	LLe Homend : Utities, LLC
2.		(CORPORATE NAME AND DOCUMENT #))
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6.		(CORPORATE NAME AND DOCUMENT #)	
SPE	CIAI	L INSTRUCTIONS:	

COVER LETTER

TO: Registration Se Division of Cor			
Shelter E	Bay Securities, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	_	
,	John Morris		
		Name of Person	
	V2V Securities, LLC		
		Firm/Company	
	54 W. 40th Street, S	uite 302	
		Address	
	New York, NY 1001	8	
		City/State and Zip Code	•••
	jmorris@v2vassociat	es.com to be used for future annual report notifi	cation
For further information co	oncerning this matter, please ca	•	,
John Morris		609 433-2499	
Name of	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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



15 JAN 23 SM 3:08 FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 23, 2015

CORPORATE ACCESS INC

SUBJECT: SHELTER BAY SECURITIES, LLC

Ref. Number: L11000022894

We have received your document for SHELTER BAY SECURITIES, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

MR is NOT a proper title.

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 115A00001397

ARTICLES OF AMENDMENT TO

AS 法

ART	ICLES OF C	ORGANIZATIO F	ON	ECRETARY LLAHASSE	E THE
Shelter Bay Securities, LL0				~i~<	L CAMPUTE 2 K B
		ny as it now appears or Liability Company)	onr records.)	AH 10: 1 mm assign	J
The Articles of Organization for this Limited L	iability Company	were filed on 02/2	2/2011	콘스 - Canid assign	ed
Florida document number L11000022894			<u>-</u>	<u> </u>	
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	ility company here:			
V2V Securities, LLC					
The new name must be distinguishable and end with the	words "Limited Liab	ility Company," the desi	gnation "LLC" or the	abbreviation "L.L.0	3. "
Enter new principal offices address, if applic	able:	54 W. 40th Str	et, Suite 302		
(Principal office address MUST BE A STREE	T ADDRESS)	New York, NY	10018		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>				
B. If amending the registered agent and/ registered agent and/or the new registered of			r records, enter	the name of	the new
Name of New Registered Agent:	Corporate A	Access, Inc.			
New Registered Office Address:	236 East 6tl	h Avenue Enter Florida :	treet address		
·	Tallahassee		, Florida <u>3</u> 2	2303	<u> </u>
		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 605, 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address** Type of Action John Fritz 8942 Shenendoah Drive MER _D Add Naples, FL 34113 Remove John Morris 54 W. 40th Street, Suite 302 MFR _■ Add New York, NY 10018 _□ Remove James McCarvill 599 Lexington Avenue MIR ■ Add c/o Reed Smith _□ Remove New York, NY 10022 _□ Remove Remove

).]	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
. [Effective date, if other than the date of filing:			
	Dated			
	Aule, Whyair			
	John Morris			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

15 JAN 23 AH IO: 12
SECRETARY OF STATE
TALL AHASSEF FLORIO