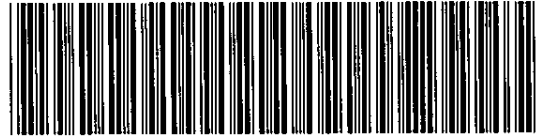


L1100006 22894



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01/23/15--01001--001 *\$30.00

(Requestor's Name)

(Address)

(Address)

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PICK-UP WAIT MAIL

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(Document Number)

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T. HAMPTON

**CORPORATE
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When you need ACCESS to the world

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WALK IN

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- CERTIFIED COPY _____
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1. Shelter Bay Securities, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shelter Bay Securities, 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:

John Morris
Name of Person
V2V Securities, LLC
Firm/Company
54 W. 40th Street, Suite 302
Address
New York, NY 10018
City/State and Zip Code
jmorris@v2vassociates.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Morris at (**609**) **433-2499**
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

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Corrected

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), Authorized Person (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 your 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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>mbr</u>	<u>John Fritz</u>	<u>8942 Shenendoah Drive</u>	<input type="checkbox"/> Add
		<u>Naples, FL 34113</u>	<input checked="" type="checkbox"/> Remove
		<u> </u>	<u> </u>
<u>mbr</u>	<u>John Morris</u>	<u>54 W. 40th Street, Suite 302</u>	<input checked="" type="checkbox"/> Add
		<u>New York, NY 10018</u>	<input type="checkbox"/> Remove
		<u> </u>	<u> </u>
<u>mbr</u>	<u>James McCarvill</u>	<u>599 Lexington Avenue</u>	<input checked="" type="checkbox"/> Add
		<u>c/o Reed Smith</u>	<input type="checkbox"/> Remove
		<u>New York, NY 10022</u>	<u> </u>
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<u> </u>
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove
		<u> </u>	<u> </u>
		<u> </u>	<input type="checkbox"/> Add
		<u> </u>	<input type="checkbox"/> Remove

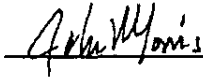
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 21, 2015



Signature of a member or authorized representative of a member

John Morris

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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