# LII 0000 73211

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### **COVER LETTER**

TO: Registration Section Division of Corporations
Subject: Share ine Building Company 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:
Robert Thomas Name of Person
Shoreline Building Company LLC
4 9th St. South Address
Foboshore in Parish Idinaco. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert thomas  at (234) 287 - 7012  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 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 Address:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

FILED

Shareline Building a	3m Rany	LLC.	71177 AUG -8 PM 12: 42
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears of Liability Company	on our records.)	TALLAHASSEE, FL
The Articles of Organization for this Limited Liability Company Florida document number \(\begin{align*} \bigcup 1000 \frac{73211}{} \end{align*}	were filed on <u>b</u>	ne 23,	2011 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here	<b>:</b>	
N/A The new name must be distinguishable and contain the words "Limited Liabi			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the desi	gnation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u>.</u> .	<del></del>
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		<del></del>	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	ords, <u>enter th</u>	ne name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		_	
	Enter Florida	ı street address	
		, Flor	
Non-Bostonial Action 1995	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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	FUENTES	Address	Type of Action
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				□Change
M6R	Gary t	e. Stans	41 9th St South	🖎 Add
			Naples FL, 34102	
				□ Change
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Effective date, if ot	her than the date of	of filing:		(ор	tional)	
If an effective date is list Note: If the date inse	erted in this block do	es not meet the ap	plicable statutory ti	r more than 90 days and ling requirements, th	his date will n	ot be liste
document's effective	date on the Departm	ient of State's reco	rds.			
				sha andina a G	(L) Tha 00th	dou offer
e record specifies a de ord is filed.	elayed effective date.	but not an effective	/e time, at 12:01 a.r	n. on the earner or.	(b) The 30th	i day aitei
Dated August	02	<u>, 202</u>	2			
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