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ALL AHASSEF, FLORIO

B. BOSTICK

APR - 3 2012

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	SHORKS SC1 LUC		
	Name of Limited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.		
Please return all corresp	ondence concerning this matter to the following:		
	GOSTAVO GATIBINO		
	Name of Person		
	Miami Condo Services		
	785 Crandon Blvd. #201 Key Biscayne, FL 33149		
	Address		
	ALE 12		
	City/State and Zip Code 6/S6MB/ND 65/70L Coff E-mail address: (to be used for future annual report notification)		
For further information	the state of the s		
	of Person Area Code & Daytime Telephone Number		
Name	or rerson Area Code & Daytime retephone Number		
Enclosed is a check for t	•		
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status &		
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)		
	LING ADDRESS: STREET/COURIER ADDRESS:		
	tration Section Registration Section on of Corporations Division of Corporations		
P.O. B	Box 6327 Clifton Building		
Tailan	assee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORE	5 5C1 LLC
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L 120000 41</u> 2	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	A SE TO TO THE SECOND S
(Principal office address MUST BE A STREET ADDRES:	5)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	R-P PH 4: 13 HASSEE, FLONIDA
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our records, enter the name of the new here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Address</u> **Type of Action** Name 1 ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or horized representative of a nember MER Typed or printed name of signee Page 2 of 2

Filing Fee: \$25.00