## #13000004083

(Requestor's Name)
(Address)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Little Harrie)
(Document Number)
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K. SALY EXAMINER FEB 1 5 2013

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Southshore Advisory Partners, 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:

Tim Bellon

Name of Person

Southshore Advisory Partners, LLC

Firm/Company

100 Frandorson Circle, Suite 202-C

Address

Apollo Beach, FL 33572

City/State and Zip Code

btbellon@gmail.com

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

For further information concerning this matter, please call:

Tim Bellon

813 326-7252

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)

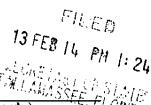
☐\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Southshore Advisory Partners, LLC

(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 C	ompany were filed on Janu	ary 08, 2013 and assigned
Florida document number L1300004083		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ted liability company here:	
The new name must be distinguishable and end with the worn "L.L.C."	ds "Limited Liability Company	," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	ESS)	
	<del></del>	
Enter new mailing address, if applicable:	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registored agent and/or the new registered office addr		r records, enter the name of the new
Name of New Registered Agent:	11.5.	
New Registered Office Address:	Enter	· Florida street address
	2/1101	
	City	, Florida 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 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>	Name	Address	Type of Action
MGRM	Russell Bieber	100 Frandorson Circle	Add
		Suite 202-C	Remove
		Apollo Beach, FL 3357	2
			Add
			Remove
			<del></del>
			Add
			Remove
			-
<u></u>			Add
			Remove
			_
<del></del>			Add
		•	Remove
			_
			Add
			Remove

D. If amending any other informs	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
<del>-</del>			
· ·			
Dated February 12			
	emothy E. Bellin		
Sig Tim Bellon	mature of member or authorized representative of a member		
THE DEHOLI	Typed or printed name of signee		

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Filing Fee: \$25.00