

L13000004083

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(Address)

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(City/State/Zip/Phone #)

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2013 FEB 28 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MAR - 1 2013

J. BRYAN

**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**

Name of Person

**813 326-7252**

at ( )

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

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TALLAHASSEE, FLORIDA

**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)

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The Articles of Organization for this Limited Liability Company were filed on January 08, 2013 and assigned  
Florida document number L13000004083.

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 "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Tim Bellon

New Registered Office Address:

100 Frandorson Circle, Suite 202-C

*Enter Florida street address*

Apollo Beach

Florida 33572

*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.*

Timothy E Bellon

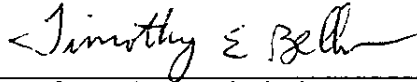
If Changing Registered Agent, Signature of New Registered Agent



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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated February 26, 2013



Signature of a member or authorized representative of a member

Tim Bellon

Typed or printed name of signee

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Filing Fee: \$25.00

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