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J. SHAVETS APR 3 0 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: South Shore 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
VR Business Sales of South Tampa Firm/Company
100 Frandorson Circle, Suite Zoz.C
Apollo Brach, FL 33572 City/State and Zip Gode btbellon @gmail.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tim Bellon at (813) 326-7252 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Bigcup \\$55.00 Filing Fee \& \Bigcup \\$60.00 Filing Fee, Certificate of Status \$\Bigcup \{\text{certified Copy} \\ \{\text{additional copy is enclosed}\}}\$ 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

South Shore Advisory	Partners LLC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 130000408</u> 3	were filed on 1-8-2013	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or t	he 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 of registered agent and/or the new registered office address here		er the name-of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip Code
	City	zip Coae

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 Changing Registered Agent, Signature of New Registered Agent

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 Title Address Name **Type of Action** Chris Gutierrez 100 Frandurson circle DAdd Suite 202-C Apollo Beach, FL 33572 MGR Tim Bellon 100 Frandorson Circle HAdd Svite ZOZ-C Remove Apollo Beach, FL 33572 ☐ Remove ☐ Add ☐ Remove ☐ Add □ Remove

Effe (The e	ctive date, if other than the date of filing:
	late this document is filed by the Florida Department of State)
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Filing Fee: \$25.00