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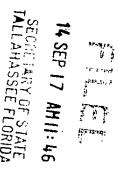
. (Re	questor's Name)	
- (Add	dress)	
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PICK-UP	☐ WAIT	MAIL
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SEP 2 2 2014 T. **HAMPTON**

COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Shore Name of Limi	Acres LLC ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
,	Joh	in Johns	
		Name of Person	
	Shore	Acres, LLC	-
	2014	102nd St. E. Address	
	Brade Smarto E-mail address: (1	City/State and Zip Code Services Ctar to be used for future annual report notifi	Mabay.rr.com
For further information co	oncerning this matter, please ca	all:	
John Name of	n Johns Person	at (941) 380 Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

Sho	ore Acres. LLC	_
(<u>Name of the Limited</u>)	Liability Company as it now appears on our re Florida Limited Liability Company)	ecords.)
The Articles of Organization for this Limited Liab	ility Company were filed on 6/10	12013 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
The new name must be distinguishable and end with the wor	ds "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	A SECONDARY OF THE SECO
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		HASSEE FLOT ST
		DE 6
B. If amending the registered agent and/or registered agent and/or the new registered offic Name of New Registered Agent:		cords, enter the name of the nev
New Registered Office Address:	Enter Florida street a	addrass
	isiner Prorigi street a	MIN EDD
		, Florida

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 amendin Authorized	g the Managers or Authorized Member of Member being added or removed from	on our records, <u>enter the title, name, and addres</u> our records:	s of each Manager or
MGR = ,A AMBR = A	Manager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Thomas Micali	2915 122nd ter E. Parrish, FL 34210	□ Add
MGR	Tom McKinley	246 Swan Lake Dr Melrose, FL 3200	Add
		Metrose, FL 3200	<u>ℓ (</u>
			Remove
			Remove SEE FUORIO Add
			□ Remove
			□ Add □ Remove

	er information, enter change(s) here: (Attach additional sheets, if necessar
ctive date, if othe	er than the date of filing: (optional)
ctive date, if other	er than the date of filing: (optional) specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after filed by the Florida Department of State)
date this document is f	filed by the Florida Department of State)
ective date, if other effective date must be date this document is feed	filed by the Florida Department of State)
date this document is f	filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00