

(Address) (Address) (City/State/Zip/Phone #) (City/State/Zip/Phone #) (PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	(R	lequestor's Name)	
(City/State/Zip/Phone #)	A)	ddress)	
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	۹)	ddress)	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(C	City/State/Zip/Phone #	¥)
(Document Number) Certified Copies Certificates of Status			MAIL
Certified Copies Certificates of Status	(E	Business Entity Name	2)
		Ocument Number)	
Special Instructions to Filing Officer:	Certified Copies	Certificates o	of Status
	Special Instructions t	o Filing Officer:	
Office Use Only]



10/28/17--01030--003 +*30.00



D SCOTT

COVER	LETTER
COTLA	

TO:	Registration Section
	Division of Corporations

•

.

BLYTHMAN SHORE-EX CONSULTING GROUP, LLC

. ,

SUBJECT:

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:

ROBERT BLYTHMAN

Name of Person

BLYTHMAN SHORE-EX CONSULTING GROUP, LLC

Firm/Company

9914 NW 2nd COURF

Address

PLANTATION, FL 33324

		City/State and Zip Code		
	blythman@bellsouth.net			
	E-mail address: (to be used for future annual re	eport notification)	
For further information c	oncerning this matter, please ca	all:	1.	
ROBERT BLYTHMAN		305 582- . at()	- 149()	
Name o	f Person	Area Code	Daytime Telephone Number	1 -] .] -] .]
Enclosed is a check for the	ne following amount:			<u>رب</u>
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of S	Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LC ny as it now ap liability Compa	opears on our records.) ny)	
were filed or	JUNE 12, 2013	and assigned
ility compan	<u>y here</u> :	
ity Company,"	the designation "LLC" or th	e abbreviation "L.L.C."
<u> </u>		
	- · - · · · · · · · · · · · · · · · · ·	
	ity Company."	ility company here:

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

Name of New Registered Agent:			\sim	~
			5	;
New Registered Office Address:		•	ר -	· · ·
	Enter Florida street address	r	۔ د ۲	· _ +
		-		
	, Florida	<u>.</u>	<u>ليا</u>	
	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 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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			🖸 Add
			Remove
		<u> </u>	Change
			🖸 Add
			🗆 Remove
			Change
			Add
			🗆 Remøve
			Change
			🗆 Add
			🖸 Remove
			Change
- <u></u>	·····	· · · · · · · · · · · · · · · · · · ·	
		·	Bemove : A
			⊡,Change ,
			O Add
			_ 🖸 Remove
			Change

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

•

• •

······	
· · · · · · · · · · · · · · · · · · ·	
	<u></u>
ffective date, if other than the date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (itory filing requirements, this date will not be listed as the
ocument's effective date on the Department of State's records.	. :
	, , , , , , , , , , , , , , , , , , , ,
e record specifies a delayed effective date, but not an eff	ective time, at 12:01 a.m. on the earlier of:
The 90th day after the record is filed.	
	۰. ۲
OCTOBER 23	<u>j</u>
Dated,	>
Signature of a member or authorized repr	resentative of a member
ROBERT BLYTHMAN	
ROBERT BLYTHMAN Typed or printed name of	

Page 3 of 3

Filing Fee: \$25.00