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COVER LETTER

TO: Registration Section

Division of Corporations

THE SHORES RESTAURANT, 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:

EDGAR F PEREZ

Name of Person

Firm/Company

979 STONE LAKE DRIVE

Address

ORMOND BEACH, FL 32174

City/State and Zip Code

MARIAISABEL.ALVARO@GMAIL.COM

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

For further information concerning this matter, please call:

EDGAR F PEREZ

_{...}, 386 _. 506-6363

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 ARTICLES OF ORGANIZATION

ALEGARASSA AMIDIOS The Articles of Organization for this Limited Liability Company were filed on MARCH 10, 2014 and assigned Florida document number L14000040175 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." N/A 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: N/A Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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

Enter Florida street address

Florida

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MARIA ISABEL ALVARO	979 STONE LAKE DRIVE, ORMOND BEACH FL 3217	4 ⊞ Add
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The effective date must be specific, cannot be prior to date of the date this document is filed by the Florida Department of	of receipt or filed date and cannot be more than 90 days after of State)
the date this document is filed by the Florida Department of Dated MARCH 20TH	of receipt or filed date and cannot be more than 90 days after of State)

Page 3 of 3

Filing Fee: \$25.00