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COVER LETTER

	ation Section of Corporations
Ste SUBJECT:	rling Reef 403, LLC
	Name of Limited Liability Company .
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
Picase return all c	correspondence concerning this matter to the following:
	James Christopher Barr, Esq.
	Name of Person
	Bryant, Higby & Barr, Chartered
	Firm/Company
	P.O. Box 860
	Address
	Panama City, FL 32402
	City/State and Zip Code cbarr@bryanthigby.com
For further inform	E-mail address: (to be used for future annual report notification) sation concerning this matter, please call:
James Christoph	ner Barr, Esq. 850 763-1787
	Name of Person Area Code Daytime Telephone Number
Enclosed is a chec	k 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 & Certified Copy (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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Shores of Panama 901, LLC

FILED

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Shores of Panama 901, LLC	croppitary or it.
(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) AHASSEE, FL
he Articles of Organization for this Limited Liability Company lorida document number L15000022058	y were filed on February 5, 2015 and assigned
forida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	pility company here:
terling Reef 403, LLC	
ne new name must be distinguishable and contain the words "Limited Liabil	ility Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
nter new mailing address, if applicable: <u>Aailing address MAY BE A POST OFFICE BOX</u>	
If amending the registered agent and/or registered office a sent and/or the new registered office address here:	address on our records, enter the name of the new regis
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
v Registered Agent's Signature, if changing Registered Agent:	
reby accept the appointment as registered agent and agrevisions of all statutes relative to the proper and complete opt the obligations of my position as registered agent as put filed to merely reflect a change in the registered office pany has been notified in writing of this change	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is address, I hereby confirm that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> Type of Action __ 🗀 Add _____ □Change _____ □ Remove _____ Change

_____ □Add

_____ Change

amer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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11 6 11	e date, if other than the date of filing:
ecord s	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the
ted _	april 29 . 2020.
	Signatury of a member or authorized representative of a member Jaime L. Keeling
	Typed or printed name of signec

Filing Fee: \$25.00