Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 : (800)432-3622 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATERSEDGE SHORES, LLC

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Corporate Filing Menu

Help

Taylor Seay 8004323622

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COVER LETTER

TO:		tration Section of Corpo			
		Vatersedge S			
SUBJE	CI: _		Name of Lim	ited Liability Company	
			mendment and fee(s) are sub-		
		· · · · · · · · · · · · · · · · · · ·	Seymour Kantor	·	
				Name of Person	
			Watersedge Shores, LLC		
				Firm/Company	
			5900 N Ocean Drive		
				Address	
			Hallywood, FL 33019		
				City/State and Zlp Code	
			seymourkantor@gmail.com E-mail address: (to be used for future annual report notificat	ion)
For furt	ıh er inf	ormation co	ncerning this matter, please o		
Seymo	ur Kan	tor		305 922 1385	
		Name of	Person	at () Area Code Daytime Te	lephone Number
Enclose	ed is a	check for the	following amount:		
■ \$2 5	5.00 Fi	ling Fœ	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Pee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regi Divi P.O.	ing Address: stration Se sion of Co Box 6327 ahassee, FI	ection rporations	Street Address: Registration Section Division of Corpore The Centre of Talle 2415 N. Monroe Section Tallahassee, FL 32	rations ahassee treet, Suite 810

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Watersedge Shores, LLC		
(Name of the Limited Liability Company as (A Florida Limited Liability	ity Company)	
The Articles of Organization for this Limited Liability Company were	e filed on 06/19/2015	and assigned
Florida document number L15000107597		
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 contain the words "Limited Liability C	ompany," 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)		2022
		
		` ~ ™.
Enter new mailing address, if applicable:		9 5
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office addr	ress on our records, enter the	name of the new Tegistered
agent and/or the new registered office address here:	COS OB OUT TOOM US STREET, SHEET,	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	Clty	Zh Code

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

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If amending Authorized Person(s) authorized to manage, enter the title, pame, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joanne Fay Long	537 NE 96th Street, Miami Shores, FL 33019	≅Add
			□Remove
			Change
			DAdd
			□Remove
		···	Change
			□ Add
			□Remove
			Change
			□Add
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			Change
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			Change

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cumer	nt's effective date on the Department of State's records.
moord	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
is file	
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ated _	une 28
	Law IV
	Signature of a member or authorized representative of a member
	Signature of the state of the s

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