

L16000-138160

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

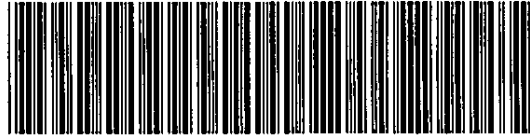
(Business Entity Name)

(Document Number)

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Y SULKER



GOLAN & CHRISTIE LLP
70 WEST MADISON STREET
SUITE 1500
CHICAGO, ILLINOIS 60602-4206
PHONE (312) 263-2300
FAX (312) 263-0939
GOLANCHRISTIE.COM

Amanda Parmer
aparmer@golanchristie.com

July 28, 2016

Via U.S. Mail

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

Re: *Shore Harbor 195 LLC, File No. L1600038160*


To Whom It May Concern:

Enclosed for filing, please find Articles of Amendment regarding the above referenced Company. Also, enclosed is a check in the amount of \$25.00 covering the filing fee. For your convenience I have included a self-addressed stamped envelope for return of the filed Articles of Amendment.

Should you have any questions, please do not hesitate to contact me.

Very truly yours,

GOLAN & CHRISTIE LLP


Amanda Parmer
Paralegal

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SHORE HARBOR 195 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:

AMANDA PARMER

Name of Person

GOLAN & CHRISTIE LLP

Firm/Company

70 W. MADISON STREET, SUITE 1500

Address

CHICAGO, ILLINOIS 60602

City/State and Zip Code

jdmorton@golanchristie.com

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

For further information concerning this matter, please call:

AMANDA PARMER

312

696-1354

at ()

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
TO
ARTICLES OF ORGANIZATION
OF**

SHORE HARBOR 195 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on JULY 22, 2016 and assigned
Florida document number L16000138160.

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 Company," the designation "LLC" or the abbreviation "L.L.C."

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:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	BECK A. JEFFREY	2137 HARBOR VIEW DRIVE	<input type="checkbox"/> Add
		DUNEDIN, FL 34698	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JEFFREY A. BECK	2137 HARBOR VIEW DRIVE	<input checked="" type="checkbox"/> Add
		DUNEDIN, FL 34698	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

16 APR - 1 PM 11:43
CLERK OF SUPERIOR COURT
MILWAUKEE, FLORIDA

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

E. Effective date, if other than the date of filing: _____ (optional).

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 27, 2016

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

JONATHAN D. MORTON

Typed or printed name of signee

16 AUG - AM 11:43
OFFICE OF STATE
ATTORNEY GENERAL
FLORIDA