

L17000005173

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JAN 18 2017

S. YOUNG

EFFECTIVE DATE

1/17

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 JAN 17 AM 8:08

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LOCAL FOR SHORE 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:

Cassi Ampton
Name of Person
local for shore
Firm/Company
827 1/2 EMMA ST.
Address
KEY WEST FL 33040
City/State and Zip Code
LOCALFORSHORE@GMAIL.COM
E-mail address: (to be used for future annual report notification)

FILED STATE
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 JAN 17 AM 8:08

For further information concerning this matter, please call:

Cassi Ampton at (419) 200 0336
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**

LOCAL FOR SHORE 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 Jan 6, 2017 and assigned Florida document number L1700000 5173.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Same

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:

Same address

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA
17 JAN 17 AM 8:08

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:

CASSI Clayton

New Registered Office Address:

827 112 EMMA ST.

Enter Florida street address

KEY WEST

City

Florida

33040

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	CASSI CLAYTON	827 1/2 EMMA ST.	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
	RADEN PROCHAZKA		<input type="checkbox"/> Add
		827 1/2 EMMA ST.	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 JAN 1971

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TALLAHASSEE, FLORIDA
JAN 2 1968

Jan 17, 2017

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.

Dated Jun 11, 2017

Cesar Chavez
Signature of a member of authorized representative of

Signature of a member or authorized representative of a member

Cassi Cup Clayton

Typed or printed name of signee