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COVER LETTER

Division of Cor	porations	a	
SUBJECT: <u>Re</u>	SORT Guid	e LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	John	Talla FERRO Name of Person	
	509	Gulfshore, LL Firm/Company	<u> </u>
	509	Galfshore DRA	ive
			
	E-Mail address: (333 Comail o	fication)
Name of Person 509 Gulfshore LLC Firm/Company 509 Gulfshore Drive Address Destin FL 3254/ City/State and Zip Code 107 333 Comail, Com E-Mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 10hn Tallafano Name of Person 11 295 Name of Person 12 295 Name of Person 13 250.00 Filing Fee & S30.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy 13 250.00 Filing Fee. Certificate of Status & Certified Copy Certificate of Status & Certificate of Sta			
Vohn Ta Name of	Hafen AO Person	at (<u>205</u>) <u>529</u> – Area Code Daytime	7050 e Telephone Number
Enclosed is a check for th	e following amount:		
S25.00 Filing Fee			

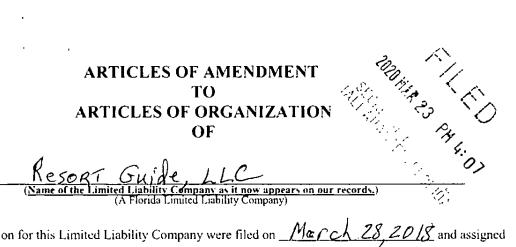
TO:

Registration Section

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



(A riorida Limited L	natinty Company)	19 F
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>March 28,20</u>	2/8 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabiles of the limited liabiles of the limited liabiles. The new name must be distinguishable and contain the words "Limited Liabiles".		observation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	509 Gulfshore Dr. Destin, FL 3254	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	

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.

Cin

Zip Code

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Add
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			□Change
			Dadd
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			Remove
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Effactive dat	e, if other than the date of filing: (optional)
If an effective da Note: If the d	e, if other than the date of filing:
e record specif rd is filed.	ies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/20/2020 Signature of a member or anthorized representative of a member
	1 Alexander 1.
_	John Jarriffind
	Signature of a member or authorized representative of a member
	77 TI C.
	VAAA IA UM TERDI

Filing Fee: \$25.00