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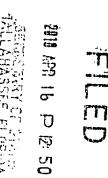
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## **COVER LETTER**

Division of	n Section Corporations				
Social I	Bayshore LLC				
SUBJECT:	Name of Lim	uited Liability Company			
The enclosed Articles	s of Amendment and fee(s) are sub	emitted for filing.			
Please return all corre	espondence concerning this matter	to the following:			
	Charles Cadrecha, esq.				
		Name of Person	<u></u>		
	Florida Consumer Law Ce	nter			
		Firm/Company			
	5201 W Kennedy Blvd., Suite510				
		Address			
	Tampa, FL 33609			٠	
		City/State and Zip Code	20 To 18		
	mrc134@icloud.com	to be used for future annual report notif	ication III	רו״	
For further information	on concerning this matter, please co	•	Sold To		
Michael Cardoni		813 600-8413	デザ <b>ロ</b> 		
Nar	ne of Person		Telephone Number		
Enclosed is a check for	or the following amount:				
□ \$25.00 Filing Fee	e ☐ \$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

Social Bayshore 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 April 2, 2018 and assigned Florida document number 118000083351 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 "LLC." 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

## 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>	Address	Type of Action
MGR	Anthony G Anastasas	5427 Bayshore Blvd	
		Tampa, FL 33611	Remove
			☐ Change
MGRM	Anthony M Anastasas	5427 Bayshore Blvd	<b>■</b> Add
		Tampa, FL 33611	☐ Remove
			☐ Change
MGRM	Michael Cardoni	5427 Bayshore Blvd.	Add
		Tampa, FL 33611	□ Remove
			Change
MGRM	Lucas Krillies	5427 Bayshore Blvd	Add
		Tampa, FL 33611	Remove 5
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fective date, if other than the on effective date is listed, the date must ote: If the date inserted in this bloom	be specific and c ck does not me	cannot be prior t eet the applica	o date of filing of ble statutory f	or more than 90 da	(optional) ys after filing. nts, this date	Pursuant to will not be	605.02 listed
cument's effective date on the De	partment of Sta	ate's records.					
record specifies a delayed The 90th day after the reco		ite, but not	an effectiv	e time, at 12	2:01 a.m. (	on the ea	rlier
ted April 11	<u> </u>	2018					
	Zn		)	tive of a member			
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Filing Fee: \$25.00