48000137945

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Se Division of Co			·2·.
Maxton LL	.C		Por Maria
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	المناز ال
Please return all correspo	ondence concerning this matter	to the following:	TO KER 3 PAR 2. 23
	Robert McClemon CPA		
		Name of Person	
	Robert McClemon CPA P.	A	
		Firm/Company	
	3215 NW 10th Terrace Su	ite 205	
		Address	
	FT Lauderdale, Fl. 33309		
		City/State and Zip Code	
	F-mail address: (to be used for future annual report noti	fication)
For further information o	concerning this matter, please c		
Robert McClernon		954 563-9004	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailina Addres	£6.	Street Address:	
Mailing Address: Registration Section		Registration Se	etion
Division of Corporations		Division of Corporations	
P.O. Box 632		The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Port of the second seco

Maxton LLC

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

(A Florida Limited Liability Company)

on for this Limited Liability Company were filed on 6/4/18

The Articles of Organization for this Limited Liability Co	mpany were filed on 6/4/18	and assigned
Florida document number L18000137945	<u>.</u> •	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		_ _
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>ente</u>	r the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street addre	-35
	, F	lorida
	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>	Address	Type of Action
AMBR	Shoreline Partners LLC	1231 W Northern Lights Blvd #911	🗆 Add
		Anchorage, Ak 99503	Remove
			Change
AMBR	Andrew Paul & Robyn Siperstein	10678 Stone Garden Drive	= Add
	Transts by the Entirety	Boynton Beach Fl. 33473	□Remove
			□Change
			□Add
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<u>iote:</u> I	ve date, if other than the date of filing:
record I is file	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
ated 1	-28-2020
λ	Signature of a member or authorized representative of a member
	Signature of a memoer of authorized representative of a memoer
	Robyn Siperstein

Filing Fee: \$25.00