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(Re	questor's Name)	
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COVER LETTER

	Registration Sec Division of Corp			
6110 IE		RBOUR RESORTS, LLC		
SUBJEC	-1;	Name of Lim	ited Liability Company	
The encl	osed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		JEFFREY J. TOLEN		
		1	Name of Person	
		SHELL HARBOUR RES	ORTS, LLC	
			Firm/Company	
		6357 SMALLWOOD RC)AD	TAS: 18
			Address	ALC I
		JACKSONVILLE, FLOR	IDA 32216	ASSEE
			City/State and Zip Code	100 P
		landlord69@gmail.com	to be used for fitture annual report notif	五元 5 6 6
For furth	er information co	oncerning this matter, please c	·	13 PM 6: 33
JEFFRE	EY J. TOLEN		904 874-6443	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	I is a check for th	e following amount:		
\$25.0	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)
	Registra	NG ADDRESS: ation Section n of Corporations ox 6327	STREET/COURT Registration Sectio Division of Corpor Clifton Building	n

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHELL HARBO	UR RESORTS, LLC	
(<u>Name of the Limited Liability (</u> A Florida Li	Company as it now appears on our reco mited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 06/22/2018	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "L	LC" or the abtoreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	T AND T
(Principal office address MUST BE A STREET ADDRES	<u>(22)</u>	- S - T
Enter new mailing address, if applicable:		PH 6: 3
(Mailing address MAY BE A POST OFFICE BOX)	<u>.</u>	Σ · · · · · ·
CHAIRING BRAIT BE A FOST OF FICE BOAT	•	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		rds, enter the name of the ne
Name of New Registered Agent:	A-	
New Registered Office Address:	Enter Florida street add	ress
		P1 1
		Florida = 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
MGR	TOLEN, JEFFREY J.	6357 SMALLWOOD ROAD	
		JACKSONVILLE, FL 32216	□ Remove
			■ Change
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ال دردائم وا			06/22/2018		4.	. 4. 1)	
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	effective date on the D			ne statutory mi	ng requirements,	this date with	n ne ustett
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he 90th	specifies a delayed n day after the rec	ord is filed.	te, but not	an errective	time, at 12:0	ı a.m. on tn	e eariier
	6 August		2018 /	4			
ted				- W)			
		\		\	}		
		Signature of a me	mber or author	ZW representation	o otla member		

Page 3 of 3

Filing Fee: \$25.00