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## **COVER LETTER**

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co				
CUDICCT.	LANDSHA	ARK BAYSIDE LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		David Crabtree		
		Name of Person		
	Lá	ANDSHARK BAYSIDE	LLC	
		Firm/Company	*	
	49	001 Vineland Road, Suite	600	
	-	Address		
		Orlando, Florida 32811		
		City/State and Zip Code	<u></u>	
	E-mail address: (	to be used for future annual	report notification)	
For further information	concerning this matter, please c	all:		
	Hector Pereira	407	969-6666	
Name	of Person	at () 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 of Certified Copy (additional copy is enc	Certificate of Status &	
Mailing Addre		Street A	ddress:	
Registration		Registration Section Division of Corporations		
P.O. Box 63	Corporations 27		n of Corporations ntre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

LANDSHARK BAYSIDE LLC

2020 / PO - 1 AM 9: 29

(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  $\frac{07/03/2018}{1}$ and assigned Florida document number \_L18000162250 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A 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: 4901 Vineland Road, Suite 600, Orlando, FL 32811 (Principal office address MUST BE A STREET ADDRESS) 4901 Vineland Road, Suite 600, Orlando, FL 32811 Enter new mailing address, if applicable: (Mailing address MAY BE <u>A POST OFFICE BOX)</u> 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: No change Name of New Registered Agent: New Registered Office Address: Enter Florida street address

## 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.

N/A	
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
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			□Remove
			□Change
			□Add
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ii an eii <u>Note:</u>	ve date, if other than the date of filing:
e recor rd is fil	
	3/17/20 . 2020
Dated	
Dated	Signature of a member of authorized representative of a member

. . . •

Filing Fee: \$25.00