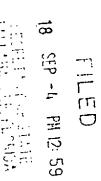
## 118000199714

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(Address)	
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(City/State/Zip/Phone #)	
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(Document Number)	
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## **COVER LETTER**

TO: Registration So Division of Cor			
SUBJECT:2	Ke Shore Coati	ng LLC ted Liability Company	
The anglaced Articles of	Amendment and fee(s) are subt	niyod for filing	
	indence concerning this matter t	_	
	Emily	Richer Nome of Person	
	LakeSho	re Coalings, LLC	<del></del>
	511 Cion	amon Drive	·
	Satellite Be	ach FU 32937 City/State and Zip Code	<del></del>
	emilyricke E-mail address: (1	r 130 gmail.com	ication)
For further information e	oncerning this matter, please ca	II:	
Emily R	icker f Person	at ( <u>352</u> ) <u>516 -</u> Area Code Daytime	6058Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy radditional 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, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability C (A Florida Lii	Company as iffnow appears on our records.) Intel Liability Company)
The Articles of Organization for this Limited Liability Com Florida document number <u>L18000199729</u> .	pany were filed on 8/21/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	<b>16</b>
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: (Principal office address MUST BE A STREET ADDRES	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres	red office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	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>	Name	Address	Type of Action
MGB	Christopher M. Richer	511 Cinnamon Drive	
		Salellite Beach, FL 329	37 ■ Remove
			Change
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(If an ef Note:	ive date, if other than the date of filing: 8/31/2018 (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as them; seffective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	August 31 2018
	August 31 2018 Signature of a member or authorized representative of a member

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Filing Fee: \$25.00