Division of Corporations



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Division of Corporations

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From:

Account Name : GRANT, FRIDKIN, PEARSON, ATHAN & CROWN, P.A.

Account Number : 076402003516 Phone : (239)514-1000

Fax Number : (239)514-0377

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Fmail Address:	wpearson@gfpac.com_
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **BAYSHORE CONCH COTTAGES, LLC**

Certificate of Status	0
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04:08 00 p.m. 05-03-2019

2/4

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAYSHORE CON	(/₁, <b>52</b> ,		
( <u>Name of the Limited Liability Con</u> (A Florida Limit	npany as it now appea ed Liability Company)	rs on our records,)	H 9: 25
The Articles of Organization for this Limited Liability Compa	my were filed on	APRIL 24, 2019	and assigned U
Florida document numberL19000112418			•
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	ability company h	ere:	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the	designation "LLC" or the ab	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>	<del></del>	
	C/O CHRISTY	L STARKS, MGR	
Enter new mailing address, if applicable:	2095 GULFST	<del> </del>	
(Mailing address MAY BE A POST OFFICE BOX)	NAPLES, FL 3		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address be		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Flo	orida struet address	
	CVA.	, Florida	Zip Code
	City		ap 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

2395140386

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	CHRISTY L STARKS	<del></del>	Add
		***************************************	□ Remove
		2095 GULFSTAR DR. #101 NAPLES, FL 34112	☐ Change
MGR	LESLIE S PEARSON		D Add
		5551 RIDGEWOOD DRIVE SUITE 501, NAPLES, FL 34108	
			☐ Change
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
		American Company of the Company of t	□ Add
			□ Remove
			Change
			Add
			□ Remove
			Change

If amending any other informa	tion, enter ci	hange(s) here	: (Attach additi	onal sheets, if ne	cessary.)	
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blocoment's effective date on the De	ek does not m	ect the applical	o date of filing or m ble statutory filin	ore than 90 days after g requirements, th	ional) r filing.) Pursuant to is date will not be	605.0207 (3) listed as the
e record specifies a delayed The 90th day after the reco	effective do	ate, but not	an effective t	ime, at 12:01	a.m. on the ea	arlier of:
Dated MAY 3		2019				20
Chintex L.	<u></u> ,		_		ואָבוּ	2019 HAY
	Signature of a m	nember or author	ized representative	of a member	in Sec.	- Υ -3
CHRISTY L STARKS,					الله ماره	- <del>2</del>
		Typed or printed	name of signee		্ট্র ক্র	- <del>i</del> i

Page 3 of 3

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