## 119000142003

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## **COVER LETTER**

TO: Registration S Division of Co					
Shorefron	t Investments LLC				
SUBJECT:					
	Name of Lin	nited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
	Melissa Haworth				
	· · · · · · · · · · · · · · · · · · ·	Name of Person			
	Shorefront Investments LI	C.C			
		Firm/Company		•	
	239 Griffin Blvd., #202				
		Address			
	Panama City Beach FL 32	2413		2021 350 18	.13
	melissa@shorefront-investi	City/State and Zip Code ments.com		2021 AUG -4 PRICHEIPA TALLAHA	
	E-mail address: (	to be used for future annual report notifical	tion)	S.S.	;** -
For further information of	concerning this matter, please c	all:		4 8: 0	3
Melissa Haworth		469 658-2869		=====================================	
Name o	of Person	at () Area Code Davtime Te	elephone Number		
Name	7. 1. Cl3011	Area Code Paytime Te	rephone Number		
Enclosed is a check for t	he following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Address Registration 1 Division of C	Section Corporations	Street Address: Registration Section Division of Corporation	rations		
P.O. Box 632	<u>.</u> /	The Centre of Talls	anassee		

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOREFRONT INVESTMENTS LLC (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 MAY 27, 2019 \_\_\_\_\_ and assigned L19000142003 Florida document number \_\_\_\_\_ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: 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.

City

\_, Florida \_\_\_

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>	<u>Address</u>	Type of Action
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docume	nt's effective date on the Department of State's records.			
n enoord	anneifican deliment affective days have not an affective time		43 TI 001	1 5 3
L ICLOIU	specifies a delayed effective date, but not an effective time, d.	at 12:01 a.m. on the earlier of:	(b) The 90th C	iay after the
rd is file	(UGUST 1, 2021			
rd is file	AUGUST 1. 2021			
rd is file A	2021			

Typed or printed name of signee