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COVER LETTER

SUBJECT: SH	RES CLUB Name of Limi	LOL RENTALS LI	<u>.</u>
	Amendment and fee(s) are subsidence concerning this matter	•	
	Te	vry K. Smith Sy Name of Person	
		Firm/Company	
		903 MANSLICK RO	
		City/State and Zip Codel	214
For further information co	Ferry Ca E-mail address: (i incerning this matter, please ca	thy Smith & gmail. to be used for future annual report notifi	<u>Com</u> cation)
	-	at (502) 432 Area Code Daytime	- 1456 Telephone Number
Enclosed is a check for the			
\$25.00 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)
Mailing Address Registration S Division of Co	ection	Street Address: Registration Sec Division of Corp	

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORES CLUB 101	REXTALS, LL	
SHORES CLUB 101 (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 1-22	-2020 and assigned
Florida document number <u>L 2 00000 28348</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		20 F
		哥一
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a	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:	<u> </u>	
New Registered Office Address:		
	Enter Florida street	aduress
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	ing vivia
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity performance of my dute provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added</u> <u>or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	Smith, Catherine L	1903 MANSLICK Rd Louisville Ky 40214	□Add
		Louisville Ky 40214	Remove
			Change
			□Add
			□Remove
		 	□ Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			□Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
_	
_	
·	
(If an effective Note: 1)	e date, if other than the date of filing:
e record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	Feb 5 2020. Denny K Smith Sv
	Jenny K Smith Sv
	Signature of a member or authorized representative of a member
	TERRY K Smith SR Typed or printed name of signer

Filing Fee: \$25.00