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COVER LETTER

	egistration Se vision of Cor			
		V. DECKER, LLC	*	•
SUBJECT	:	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		CHRISTI W. DECKER		
			Name of Person	
			Firm/Company	·
		PO BOX 17276		
			Address	
		SARASOTA, FL 34276-0.	276	
			City/State and Zip Code	
		shoalview@gmail.com	to be used for future annual rep	
For further	information c	oncerning this matter, please c		ort nouncation)
CHRISTI	w. DECKER		920 854-7	
	Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is	a check for tl	he following amount:		
□ \$25.00	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres		Street Addi Rogistrati	r <u>ess:</u> on Section
	_	Section Corporations	_	on Section of Corporations
Р.	O. Box 632	27	The Centr	e of Tallahassee
T	allahassee, l	FL 32314	2415 N. N	Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CHRISTI W. DECKER, LLC

company has been notified in writing of this change.

A. If amending name, enter the new name of the limited liability company here:	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SHOALVIEW, LLC	
A. If amending name, enter the new name of the limited liability company here: SHOALVIEW, LLC	
SHOALVIEW, LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designa-	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
• •	
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 record	ds, enter the name of the new regis
agent and/or the new registered office address here:	·
	F:
Name of New Registered Agent:	
Name of New Registered Agent.	<u> </u>
New Registered Office Address:	
Enter Florida st	reet address
	, Florida
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	

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

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
AMBR	CHRISTI W. DECKER	PO BOX 17276, SARASOTA, FL 34276-0276	= Add
			□Remove
			□ Change
MGR	CHRISTI W. DECKER		🗆 Add
		PO BOX 17276, SARASOTA, FL 34276-0276	≣Remove
			□Change
			□Add
			□Remove
			□Change
			
			□Remove
			□ Change
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			□Remove
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			□Remove
			□Change

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Effective date, if other than the da	e specific and cannot be prior to date of k does not meet the applicable statu	(optional) Tiling or more than 90 days after filing.) Pursual atory filing requirements, this date will no	ent to 605.0207 (or be listed as t
Note: If the date inserted in this block			
Note: If the date inserted in this block locument's effective date on the Department specifies a delayed effective d		2:01 a.m. on the earlier of: (b) The 90th	day after the
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Note: If the date inserted in this block document's effective date on the Department.	late, but not an effective time, at 12 $\frac{2021}{2000}$	2:01 a.m. on the earlier of: (b) The 90th or resentative of a member	day after the