

K20000122182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

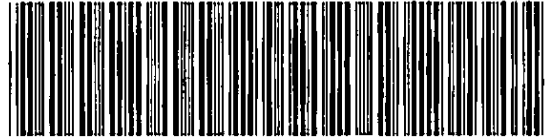
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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03/01/21--01020--024 \*\*60.00

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02/25/21

Registration Section  
Division of Corporations Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
(850) 245-6051

To whom it may concern:

I spoke with a SunBiz representative and was advised how to go about making the name changes for 2 LLCs.

In essence, I am seeking to change the name of the first LLC (while maintaining the EIN) to another name and seeking to change the name of the second LLC to the name of the first LLC.

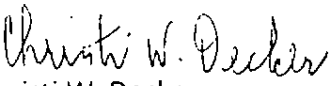
I was advised this could be done and was advised to send the 2 amendments together with a Z\ Please note that the 2 amendments forms are enclosed.

The first amendment form changes the LLC name from Shoalview, LLC to Shoalview Therapy, LLC.

The second amendment form changes the LLC name from Christi W. Decker, LLC to Shoalview, LLC.

Please contact me if you have any questions.

Thank you,

  
Christi W. Decker  
SOLE MBR

Enc.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SHOALVIEW, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTI W. DECKER

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 17276

\_\_\_\_\_  
Address

SARASOTA, FL 34276-0276

\_\_\_\_\_  
City/State and Zip Code

shoalview@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTI W. DECKER

920 854-7878  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

SHOALVIEW, 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 05/01/2020 and assigned  
Florida document number L20000122182.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

SHOALVIEW THERAPY, LLC

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 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*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	CHRISTI W. DECKER	PO BOX 17276, SARASOTA, FL 34276-0276	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTI W. DECKER		<input type="checkbox"/> Add
		PO BOX 17276, SARASOTA, FL 34276-0276	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective 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 (3)(b)

If the record 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 record is filed.

Christi W. Decker  
Signature of a member or authorized representative of a member

Typed or printed name of signee