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OCT 23 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gulf Shore Investigations and Protection 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:

Linda Lepore

Name of Person

St. Clair Advisory Group, L. P.

Firm/Company

615 Cape Coral Pkwy W. Suite 104

Address

Cape Coral, FL 33914

City/State and Zip Code

linda@stclair.group

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

For further information concerning this matter, please call:

Linda Lepore

Name of Person

239 540-2612
at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

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RECEIVED
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

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	SMH Holdings 479 LLC	2361 Ephraim Avenue	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33907	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Havener, Sean	2361 Ephraim Avenue	<input type="checkbox"/> Add
		Fort Myers, FL 33907	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SET 13
TUE 13

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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated October 7 2021

Signature of a member or authorized representative of a member

Sean Havenner

Typed or printed name of signee