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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations						
. Shorefront	Vacations LLC						
SUBJECT:							
•	Name of Lin	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
Please return all correspo	ondence concerning this matter	to the following:					
	Melissa Haworth						
		Name of Person					
	Shorefront Vacations LLC						
		Firm/Company					
	-	Address					
	Panama City Beach FL 32413						
	202						
	melissa@shorefront-invest	to be used for future annual report notification)	P :				
For further information of	concerning this matter, please c	· ·					
Melissa Haworth	,	469 658-2869					
		at ()	<u> </u>				
Name o	of Person	Area Code Daytime Telephone \(\)	Number 2 3				
Enclosed is a check for the	he following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy Co (additional copy is enclosed) Co	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional copy is enclosed)				
Mailing Addres Registration S	Section	Street Address: Registration Section					
Division of C		Division of Corporations					
P.O. Box 632	27	The Centre of Tallahassee					

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHOREFRONT VACATIONS LLC				
(<u>Name of the Limited Liability</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)			
The Articles of Organization for this Limited Liability Co Florida document number	ompany were filed on OCTOBER 5, 2020	and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
he new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation \$\frac{1}{2}\text{L.C.}"		
	. , , , ,	AUG AUG		
nter new principal offices address, if applicable:		The state of the s		
<u> Principal office address MUST BE A STREET ADDRI</u>	<u> </u>			
		, , , , , , , , , , , , , , , , , , ,		
nter new mailing address, if applicable:				
•••				
Tuning names of the Born				
				
	office address on our records, enter the	name of the new registe		
Name of New Registered Agent:				
New Registered Office Address:				
New Registered Office Address: Enter Florida street address				
	, Florid	o.		
	City . Florida	a 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	ANNABEL MONROE	239 GRIFFIN BLVD. #202 PANAMA CETY BEACH FL 32413	
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E ffective da If an effective	ate, if other th date is listed, the	an the date o	f filing:	annot be pri	or to date of	tiling or mo	(optional safter filin	l) g) Pursuant	to 605 020
Note: If the	date inserted in effective date o	this block doe	s not me	et the appl	icable statu	itory filing	requirement	s, this dat	e will not b	e listed a
		·								
e record spec rd is filed.	rifies a delayed	effective date, l	but not a	n effective	time, at 12	:01 a.m. oi	the earlier	of: (b) T	he 90th day	after the
	UST 1.		2)	2021						
Dated		-///)						
	<u></u>		/							

Typed or printed name of signee