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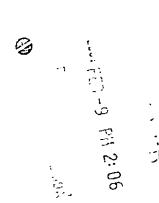
	(Requestor's Name)
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P'CK- J	. MAIL MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	⇒ to Filing Officer
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Y SULKER

CORPORATION SERVICE COMPANY 1201 Hays Street

_____ PLAIN STAMPED COPY

_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 652199 AUTHORIZATION : COST LIMIT : ORDER DATE : February 8, 2021 ORDER TIME : 11:45 AM ORDER NO. : 652199-005 CUSTOMER NO: 8333991 DOMESTIC AMENDMENT FILING NAME: SHORE2SHORE REALTY LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT ____ RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX CERTIFIED COPY

EXAMINER'S INITIALS:

COVER LETTER

TO: Registration Section , Division of Corporations
SUBJECT: Share 2 Share Realty LC Name of Limited Liability Company
Natic of Elimited Eliability Fortparty
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Tina Lynn Scarbraugh Name of Person
Shore 2 Shore Realty LLC Firm/Company
1634 Wainwright ST SE
Falm Bay FL 32909 City/State and Zip Code
Sold bythinas@amail.com E-mail address: (to be used for dubure annual report notification)
For further information concerning this matter, please call:
Tina Lynn Scarbrugh at (331.) 290.6733 Name of Person Aren Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigsquare \\$30.00 Filing Fee & \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsquare \\$555.00 Filing Fee & \$\Bigsquare \\$560.00 Filing Fee, \$\Bigsq
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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

Shore 2 Shore (Name of the Limited Liability (A Florida	Company as it not appears on our records.) Lumited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L21000</u>	ompany were filed on Jan 8th 2021 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:
The new name must be distinguishable and contain the words "Limi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDR.)	(ESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	ACT BELLIN
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registere
Name of New Registered Agent:	a Lynn Scarbrough
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 adds or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Tinalynn Starbony	n 1634 wainwright STSE	🔼 Add
		1634 wainwright STSE Palm. Bay F 32909	□Remove
		-	□Change
			□Add
			IRemove
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			TRemove
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			□Change

F-66	
Note:	(optional) fective date, if other than the date of filing: fective 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 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next is effective date on the Department of State's records.
e reco rd is fi	rd 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 ided.
Dated	February 8th 2021
	Signature of a member or authorized representative of member
	Tina Lynn Scarbrough Typed or printed name of signs

Filing Fee: \$25.00