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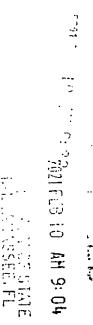
(Req	juestor's Name)	
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(City	/State/Zip/Phon	e #)
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COVER LETTER

	SEMINOLE SI	HORES PROPERTIES, LLC	
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	STACY SMALL		
		Name of Person	· · · ·
	SMITH THOMPSON SHA	AW	
	<u> </u>	Firm/Company	
	3520 THOMASVILLE RC	OAD - 4TH FLOOR	
		Address	. .
	TALLAHASSEE, FL 3230	09	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
STACY SMALL		850 893-4105	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

TO:

Registration Section Division of Corporations

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

SEMINOLE SHORES PROPERTIES, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w Florida document number	ere filed onJANUARY 22, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		=2
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office adengent and/or the new registered office address here:	idress on our records, enter the r	name of the new registered
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 agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pabeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my duties, and L rovided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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>	Address	Type of Action
AMBR	MANDY O'CALLAGHAN	3130 BARINGER HILL DRIVE	≣ Add
		TALLAHASSEE, FL 32311	
			□ Change
AMBR HUW O'CALLAGHAN	HUW O'CALLAGHAN	3130 BARINGER HILL DRIVE	■Add
		TALLAHASSEE, FL 32311	□Remove
			☐ Change
AMBR	NEAL STUDD	3174 DUNBAR LANE	
		TALLAHASSEE, FL 32311	□Remove
			Change
AMBR LEAH STUDD	LEAH STUDD	3174 DUNBAR LANE	
		TALLAHASSEE, FL 32311	⊡Remove
			□ Change
			□Add
			□Remove
			☐ Change
			□Add
		🗆 Removu	
			□Change

amonomic and visite internation	on, enter change(s) here: (Attach additional sheets, if necessary.)
	 -
	
Effective date, if other than the d fan effective date is listed, the date must b Note: If the date inserted in this bloc document's effective date on the Dep	date of filing:
record specifies a delayed effective d is filed.	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after
FEBRUARY 9	2021
Jaicu	
	/1an/11/1/
	Signature of a member or authorized representative of a member
	MANDY O'CALLAGHAN

Filing Fee: \$25.00