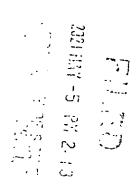


(Requestor's Na	me)
(Address)	
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PICK-UP WAIT	MAIL
(Business Entity	Name)
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Certified Copies Certific	cates of Status
Special Instructions to Filing Officer:	





05/05/21--01011--004 **25.00





28039 Clemens Road Westlake OH 44145

(440) 871-4022/Telephone (440) 871-9567/Facsimile

May 4, 2021

VIA UPS #1Z F60 R31 01 9332 6464

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

Re: 5965 N. Bayshore, LLC

Document Number: L21000060558

Articles of Amendment to Articles of Organization

Dear Sir or Madam:

Enclosed please find the following documents, being submitted on behalf of the above-referenced entity:

- 1) Cover Letter;
- 2) Articles of Amendment to Articles of Organization; and
- 3) Check No. 400064772 in the amount of \$25.00.

Please file the Articles of Amendment to Articles of Organization, then provide me with your letter of acknowledgment.

If you should have any questions and/or comments regarding the enclosed, please do not hesitate to contact me.

Sincerely,

CORSARO & ASSOCIATES CO., LPA

By: Barbara L. Watson, Paralegal to

Mark A. Kikta, Esq.

COVER LETTER

TO:	Registration So Division of Cor					
21115 1132	O'D	5965 N. I	Bayshore, LLC			
SUBJEC	LI:	Name of Lim	ited Liability Company			
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
			Barbara L. Watson			
			Name of Person			
		Cors	iro & Associates Co., LPA			
Firm/Company					782	
28039 Clemens Road				2621 13.11	E	
Address				: : :		
Westlake, OH 44145				. :		
City/State and Zip Code					`	
			/atson@corsarolaw.com to be used for future annual report notifica	tion)		
For furth	er information e	oncerning this matter, please e	·	кклі		
Barbara	L. Watson		440 871-4022			
	Name o	f Person	at () Area Code Daytime T	elephone Number		
Enclosed	l is a check for th	ne following amount:				
■ \$25.	90 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5965 N. Bays (Name of the Limited Liability Comp. (A Florida Limited	shore, LLC any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000060558}{L21000060558}$.	were filed on <u>02/03/2021</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
5975 North Bays	hore LLC	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "E.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		J. J.
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	me of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	nmer viorida street address	
	, Florida _	Zip Code
	City	ziji Coae

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, 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
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			□Remove
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	the date of filing:			(optional)		
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