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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC

Account Number : I20070000020 Phone

: (813)435-3176

Fax Number

: (813)333-5358

Enter the email address for this business entity to be used for future annual report mailings. Enten only, one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FORGOTTEN COAST SHORES, LLC

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M. SOLOMON

SEP 3 0 2024

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORGOTTEN COAST SHORES, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	ny as It now appears on our reco Clability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number L21000393406	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company bere:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	238 Fruitwood Ln	202
(Principal office address MUST BE A STREET ADDRESS)		7 0 -
	Central Islip NY 11722	5. 9
		24
Enter new maiting address, if applicable:	238 Fruitwood Lu	SSS P
(Mailing address MAY BE A POST OFFICE BOX)	s MAY BE A POST OFFICE BOX)	mu F O
	Islip NY 11722	- 2
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>ent</u>	er the name of the new registered
		···
New Registered Office Address:	Enter Florida street addi	ress
	.]	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agro provisions of all statutes relative to the proper and complete	ee to act in this capacity. I performance of my duties,	further agree to comply with the and I am familiar with and

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 added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action					
AMBR	Ivan Alexander Canales	238 Fruitwood Ln	≣Add					
			□Remove					
		Islip NY 11722	☐ Change					
MGR	NICKOLAS SPRADLIN	18801 N. DALE MABRY HWY						
		SUITE 119	Remove					
		LUTZ, FL 33548	☐ Change					
	1							
			DRAME 24					
			SS Cladd P					
			☐ Change					
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			□Change					
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Effective date, if other than If an effective date is listed, the date Note: If the date inserted in thi document's effective date on th	must be speci is block does	fic and car i not mee	nnot be prior		of filing or tutory fili	more than ! ng require	(opti 0 days after ments, thi	A '	ursuant to Il not be	605.020 listed a	ਂ (: ਖ
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Dated		,	2024	<u> </u>	-						
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