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COVER LETTER

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Registration Section

TO:

Division of Co	orporations		
	Shores LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Linda Nottestad		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	345 Avocado Drive		
		Address	-
	Barefoot Bay, Florida 329	76	
		City/State and Zip Code	12.2.2.3
	Lnottestad@msn.com	to be used for future annual report not	Wantan)
For further information	concerning this matter, please c		meation
Linda Nottestad		786 368 1149 at ()	
Name	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for	the 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 Addra Registration		<u>Street Address:</u> Registration Se	ection
Division of	Corporations	Division of Co	rporations
P.O. Box 63 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee be Street, Suite 810
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Diamond Shores LLC

2021 NOV 12 PM 4: 18

	pany as it now appears on of d Liability Company)	our records. Tal	EVEN TOTAL
The Articles of Organization for this Limited Liability Compan			
lorida document number 1.21000478880			
This amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited lia	bility company here:		
Diamond Shores, LLC			
he new name must be distinguishable and contain the words "Limited Lia	bility Company," the designa	ntion "LLC" or the al	obreviation "L.L.C."
inter new principal offices address, if applicable:	NA		
Principal office address MUST BE A STREET ADDRESS)			
Inter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
3. If amending the registered agent and/or registered office	e address on our record	ls, enter the nan	ie of the new register
gent and/or the new registered office address here:			
Name of New Registered Agent: NA			
New Registered Office Address:			
	Enter Florida sti	reet address	
		Florida	
	City		Zip Code
ew Registered Agent's Signature, if changing Registered Agen	<u>t:</u>		
	gree to act in this capa		

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
			□Add
			Remove
		<u>-2222) </u>	☐ Change
			□Remove
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			□Change
			□Add
			□Remove
			□ Change

	"Shores" and "LLC" the remainder remains the same.	
· · · · · · · · · · · · · · · · · · ·		
Effective date, if other than the da	ate of filing: (optional) be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0	1207
Note: If the date inserted in this block	se specific and cannot be prior to date of filing of more than 90 days after filing.) Pursuant to 6053 is does not meet the applicable statutory filing requirements, this date will not be listed	d as
document's effective date on the Depa		
·	date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
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Filing Fee: \$25.00