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(((H22000310452 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

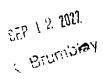
EFILE1234@INCFILE.COM Email Address:__

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHORELINE HOSPITALITY GROUP LLC

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TO:

Registration Section

Tallahassee, FL 32314

COVER LETTER

Division of Cor	porations		
211112		PITALITY GROUP LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	LOVETTE DOBSON		
		Name of Person	
		Firm/Company	
	17350 STATE HWY 249 S		
		Address	
	HOUSTON, TX 77064		
	EFILE1234@INCFILE.CO	City/State and Zip Code	
		o be used for future annual report	notification)
For further information c	oncerning this matter, please ca	all:	
LOVETTE DOBSON		at () 888-462- Area Code Day	3453
Name o	f Person	Area Code Day	time Telephone Number
Enclosed is a check for the	-		
■ \$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 Addres		Street Address	
Registration ! Division of C		Registration Division of C	
P.O. Box 632			of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORELINE HOSPITA				
(Name of the Limited Liability Compo (A Florida Limited	any as it now appears Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability Company Florida document number			and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de-	signation "LLC" or the	abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	500 N. Andrews	Ave., Suite 105b	_	
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, Fl. 33301			
				
Enter new mailing address, if applicable:	500 N. Andrews	Ave., Suite 105b		
(Mailing address MAY BE A POST OFFICE BOX)	Fort Lauderdale,	FL 33301		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address:		cords, enter the na la sweet address , Florida	me of the new register 2022 SEP -9 AH ASSET OF S	
	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing Registered Agent	• •		23	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as	eperformance of i	ny duties, and I ar	n familiar with and	

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

Page (((HZ20UU310452 3)) If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	UNIVERSAL HOSPITALITY GROUP LLC	1279 RAINBOW CT	□ Add
		NAPLES, FL 34110	■Remove
			Change
AMBR	Eklund Brothers Holdings LLC	15322 Corsini Way	≅Add
		Naples, FL 34110	□Remove
		 	Change
			∐Add
			□Remove
			∩Change
			□Remove
			☐ Change
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	e date, if other th					(optiona	
							ng.) Pursuant to 605,020 ite will not be fisted a
	nt's effective date or				, , ,		
		effective date, bu	n not an effec	tive time, at 1.	2:01 a.m. on the	earlier of: (b)	The 90th day after th
rd is filed	d.						
S	EPTEMBER 8th		2022				
Dated _			 ·	· ·			
	EPTEMBER 801 Lonald	1 0 0,	a i				
	wonald	Signature	LUTUL of a member of	or authorized ren	resentative of a m	ember	
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