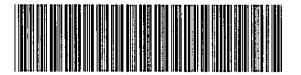
177000307170

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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COVER LETTER

	stration Sec					
SUBJECT:	Shoreline Ma	arine Design & Construction,	LLC			
_		Name of Lim	ited Liability Company			
The enclosed .	Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return a	all correspon	dence concerning this matter	to the following:			
		Asa Hunt				
			Name of Person			
		Shoreline Marine Design &	Construction, LLC			
			Firm/Company			
		7050 Brylington Blvd			22 OEC	
			Address		.C -5	22 III 23 E
		Pensacola, FL 32526			5 P4	
		shorelinebuildsdocks@gmai	City/State and Zip Code		1 3: 45	ANDION OF CUSTOMATION
		E-mail address: (1	to be used for future annual report notific	ration)	5	÷
For further inf	ormation co	ncerning this matter, please ca	all:			
Asa Hunt			850 490-3362 at ()			
	Name of 1	Person	Area Code Daytime	Telephone Number		
Enclosed is a	check for the	following amount:				
□ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee. Certificate of Stat Certified Copy (additional copy is en	us &	

Mailing Address:
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

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FLORIDA DEPARTMENT OF STATE Division of Corporations

November 15, 2022

ASA HUNT 7050 BRYLINGTON BLVD PENSACOLA, FL 32526

SUBJECT: SHORELINE MARINE DESIGN AND CONSTRUCTION, LLC

Ref. Number: L22000307170

We have received your document for SHORELINE MARINE DESIGN AND CONSTRUCTION, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 922A00025407

DEC - 5 2022

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shoreline Marine Design & Construction, LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	11/2022 and a	ssigned
Florida document number		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
he new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		1
	DEC.	0.1.
Inter new mailing address, if applicable:	C -	26.4 ⊊.0
Mailing address MAY BE A POST OFFICE BOX)		2::
nutang uturess MAT BLATOST OFFICE BOA		- The -
	<u> </u>	<u> </u>
3. If amending the registered agent and/or registered office address on our rec	cords enter the name of the n	T
gent and/or the new registered office address here:	orus, enter the name of the h	en regist
Name of New Registered Agent:		
New Registered Office Address:		
Enter Floria	la street address	
	, Florida	
City	Zip Cod	?

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 Changing Registered Agent, Signature of New Registered Agent

11

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>	<u>Address</u>	Type of Action
MGR	Asa Glen Hunt	7050 Brylington Blvd	
		Pensacola, FL 32526	□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
			□Remove
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			Ω Promove
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ective date, if other than the date			(optional)	
effective date is listed, the date must be stee: If the date inserted in this block d	loes not meet the applical			
nument's effective date on the Depart	ment of State's records.			
cord specifies a delayed effective date	e hut not an effective tin	ie at 12:01 a.m. on the e	arlier of th). The 90th day of	fter
s filed.	2, our not an enective thi	ic, ac (2.0) a.m. on the c	arrier on (or The 20th day a	!
my/	2022			
ed August 23	· 2022			
Signa	ature of a member or author	ized representative of a me	mber	

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