12200307170

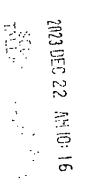
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
į
Umils

Office Use Only



400420718174

12/22/23--01034--008 **30.00



COVER LETTER

SUBJECT: _ Sho	reline Permitt	ing and Design ited Einbility Company	, LLC
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling	
Please return all correspo	ndence concerning this matter	to the following:	
	Asa	Hunt Name of Person	
		Name of Person	
	Shoreline	Permitting and Firm/Company	Design, LLC
	7050 Bry	lington Blud.	
	Pensacola	Address FL 3252 City/State and Zip Code	6
	A S A G C P	to be used for future annual report noti	, Com
For further information c	oncerning this matter, please c		·
4. 1	1	060	. 22/7
Name o	TUNT EPerson	at (850) 491 Area Code Daytim	o Telephone Number
rume o.	. 1 6/36/1	Aca code Dayum	e receptione (value)
Enclosed is a check for th	ne 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shore line Per (Name of the Limited Liab) (A Flore	mitting and	Design	LL	<u>_</u>	
The Articles of Organization for this Limited Liability	Company were filed on		and	assigned	
Florida document number <u>L 22000 307 17</u>	<u>70</u> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin					
Shoreline Engineer The new name must be distinguishable and contain the words "Lie	mited Liability Company," the de	esignation "LLC" or the al	obreviation	"L.IC."	
Enter new principal offices address, if applicable:	·				
(Principal office address MUST BE A STREET ADD	RESS)		- Igo	202	
				DEC	C 1275
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	 .	_22	
(Mailing address MAY BE A POST OFFICE BOX)			-12 7	7.4	—]]] —;;;;;;
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	ed office address on our re	ecords, <u>enter the nan</u>	ie of the	new Feet	stered
Name of New Registered Agent:					_
New Registered Office Address:	Enter Flore	ıda street address		<u>-</u>	_
		Florida			
_	Сиу		Zıp Со	rde	

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

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> </u>	Name	Address	Type of Action
			⊔Add
			□Remove
			□ Change
			□Add
			□Remove
		Chang	□Change
			ŪAdd
			□Remove
			Li Change
			🗆 Adđ
			ПКетоv с
		·	Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

Note: If:	date, if other than the date of filing:
e record s rd is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	December 19 2023 Assignature of a member or authorized representative of a member
	Asa Hunt

Filing Fee: \$25.00