# L23000081111

	(Requestor's Name)	
	(Address)	
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<del></del>	(City/State/Zip/Phone #)	<del></del>
PICK-UF	P WAIT	MAIL
	(Business Entity Name)	
·	(Document Number)	
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Special Instructions	s to Filing Officer:	· · <u>-</u> .
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AUTHORIZATION: 10-4	0000160 AMOUNT: 55.00 2000081771
Business Name	Document #
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Certificate of Status	
NEW FILINGS	<u>AMMENDMENTS</u>
Profit Corp	X_Amendment
Not for Profit	Resignation Change of Registered Age
Limited Liability Domestication	DIssolution
Other	Merger
CORP	Conversion
LELP	Amended and restated A Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICAT
Annual Report	Foreign filing
121 Atal - a Nissana	Limited Partnership Reinstatement
Fictitious Name	Keinstatement
APOSTILLE	Other

<ul> <li>FLORIDA CAPITAL COURIER SERVIC</li> <li>2330 CLARE DRIVE</li> </ul>	ES, INC
TALLAHASSEE, FL 32309	
(850) 524-5437	
(850) 524-6243	
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<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Corp	X_Amendment
Not for Profit	Resignation
Limited Liability	Change of Registered Agent
Domestication	DIssolution
Other	Merger
CORP	Conversion
LLLP	Amended and restated Articles Statement of Authority
OTHER FILINGS	REGISTERATION/QUALIFICATIONS
Annual Report	Foreign filing
	Limited Partnership
Fictitious Name	Reinstatement
APOSTILLE _	Other
Country	
EXAMINIER'S INITIALS:	

	, FLORIDA CAPITAL COURIER SERVICES	S. INC
	2330 CLARE DRIVE	
	TALLAHASSEE, FL 32309	
	(850) 524-5437	
	(850) 524-6243	
	Please use funds from acet: AMOUNT: 5: AUTHORIZATION:	
	Business Name	Document #
	_X_Certified Copy Certificate of Status	
	NEW FILINGS	<u>AMMENDMENTS</u>
	Profit Corp	X_Amendment
	Not for Profit	Resignation
	Limited Liability	Change of Registered Agent
	Domestication	DIssolution
	Other	Merger
	CORP	Conversion
	LLLP	Amended and restated Articles Statement of Authority
	OTHER FILINGS	REGISTERATION/QUALIFICATIONS
	Annual Report	Foreign filing
	Fictitious Name	Limited Partnership Reinstatement
	<del></del>	<del></del>
	APOSTILLE _	Other
	Country	
EXA	MINIER'S INITIALS:	

### **COVER LETTER**

TO: Registration Se Division of Cor			
	OUSE 4, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	LAURA E. AHLERS, PAI	RALEGAL	
		Name of Person	
	COZEN O'CONNOR		
		Firm/Company	<del> </del>
	1801 N. MILITARY TRA	IL, SUITE 200	·
		Address	
	BOCA RATON, FL 3343	i	
		City/State and Zip Code	
	ECOMPLIANCE@COZE	V.COM to be used for future annual report noti	(funtion)
For further information of	en-mail address: (concerning this matter, please c		meatony
LAURA E. AHLERS		561 245-6106	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he 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 Addre Registration		Street Address: Registration So	ection
Division of C	Corporations	Division of Co	rporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monro	Fallahassee Se Street, Suite 810
i allahassee,	1 10 343 17	# 115 111 MOINC	

Tallahassee, FL 32303

# 9

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORE HOUSE 4, LLC

(Name of the Limited Liability Company as it now appears on our records,)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company wer	e filed on	FEBRUARY 21, 2023	and assigned
Florida document number L23000081771			2
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	company	here:	
HAMILTON WAY HOUSE, LLC			
The new name must be distinguishable and contain the words "Limited Liability C	ompany," t	he designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
<u> </u>	. <u>.</u>		
Enter new mailing address, if applicable:	_		
(Mailing address MAY BE A POST OFFICE BOX)			
<u>-</u> -			
B. If amending the registered agent and/or registered office addragent and/or the new registered office address bere:	ess on ou	r records, <u>enter the name</u>	e of the new registered
Name of New Registered Agent:			
			1
New Registered Office Address:	Enter	Florida street address	
		Florida	
	City	, Florida	Zîp Code

### 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 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
<del></del>			□Add
			□Remove
			[] Change
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			Remove
			□Change

	rending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an e Note:	tive date, if other than the date of filing:
If the recorecord is t	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of; (b) The 90th day after the iled.
Dated	MARCH 1 , 2023 .
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00

Typed or printed name of signee