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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

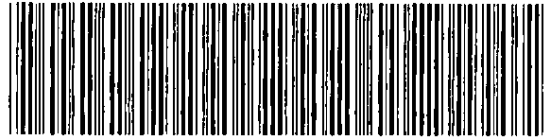
(Business Entity Name)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JDH Bayshore, LLC f/k/a 7650 Bayshore Drive 1004 B LBR, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sharon L. Morris, Paralegal

Name of Person

Weir Greenblatt Pierce LLP

Firm/Company

1339 Chestnut Street, Suite 500

Address

Philadelphia, PA 19107

City/State and Zip Code

smorris@wgpllp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sharon L. Morris, Paralegal

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241-7721

at ()

Name of Person

Area Code

Daytime 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 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

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Louis B. Rappaport	7650 Bayshore Drive, #1004	<input type="checkbox"/> Add
		Treasure Island, FL 33706	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jacob H. Rappaport	155 Oakleigh Lane	<input checked="" type="checkbox"/> Add
		Maitland, FL 32751	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jesse Rappaport	303 Willowmere Lane	<input checked="" type="checkbox"/> Add
		Ambler, PA 19002	<input type="checkbox"/> Remove
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 28 2023

Signature of a member or authorized representative of a member

Sharon L. Morris, Paralegal/Authorized Representative

Typed or printed name of signee

Filing Fee: \$25.00