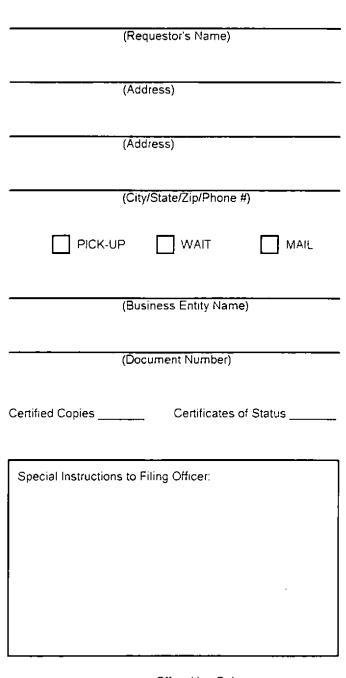
L23000158517



Office Use Only



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COVER LETTER

TO:

TO: Registration Se Division of Cor			4			
	evelopment, LLC					
SUBJECT:						
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:				
	Joshua Peterson					
		Name of Person				
	Seashore Development, LI	.C				
		Firm/Company				
	539 5th Ave S NUM 440					
		Address				
	Naples, FL 34102					
	peterson.josh82@gmail.con	City/State and Zip Code				
	E-mail address: (to be used for future annual report noti	fication)			
For further information c	concerning this matter, please e	all:				
Joshua Peterson		612 290-6266 at ()				
Name of Person		Area Code Daytim	e 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)	□ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Mailing Addre		Street Address: Registration Se	ction			
Registration Division of C		Registration Section Division of Corporations				
P.O. Box 633 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810				
rananassee,	1 12 242 17	Tallahassee, FL 32303				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seashore Development, LLC

company has been notified in writing of this change.

(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 were filed on $\underline{\underline{\text{March 29, 2023}}}$ and assigned Florida document number 1.23000158517 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON) ្រា B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Circ 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

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

Title	<u>Name</u>	Address	Type of Action
Manager	Joshua Peterson	539 5th Ave S NUM 440 Naples, FL 34102	■Add
			□Remove
			□Change
MGR	Christy Reimann	539 5th Ave S NUM 440 Naples, FL 34102	□Add
			Remove
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
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			□Change
			🗆 🗆 Add
			⊟Remove
			□ Change

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an effective c ote: If the	te, if other than the late is listed, the date mu- date inserted in this bl effective date on the D	a be specific and ock does not r	I cannot be prio neet the appli	or to date of filing cable statutory	gor more than भ	(optional) days after filing, nents, this date) Pursuant to 605,020
record spec is filed.	ifies a delayed effectiv	e date, but no	t an effective i	time, at 12:01	a,m. on the ear	lier of: (b) Th	e 90th day after th
Octob	er 19	1	2023	·			
_	oshua Peterson	Signature of a	member or aut	horized represen	tative of a mem	ner	

Filing Feé: \$25.00