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Office Use Only



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## **COVER LETTER**

	tration Secti ion of Corpo								
SUBJECT:	TAN	mpa 1	BAY S	SHORE	Siffor	27	سات		
			Name of L	imited Liabili	ty Company			<del></del>	
The enclosed A	Articles of An	endment ar	nd fee(s) are s	ubmitted for	filing.				
Please return al	ll corresponde	ence concer	ning this matt	er to the follo	owing:				
			PAU	L CI	ALIC ne of Person				
				Nan	ne of Person				
		TAN	MPA BI	<del>₹√</del> 5+1 Firm	ONE SU	Plon	T L	LC_	
		443	57 W	BAY	AJE Nddress				
		<del></del>			F 37 e and Zip Code				
	-	<u>-</u>	PAUL (	CLARV.	or future annual re	OT M	ANL . Co	<u>~~</u>	
For further info	rmation conc	erning this	matter, please	call:					
la	TUL CI	ALX		at (	813 Area Code	992	962	28	
	Name of Pe	rson			Area Code	Daytim	e Telephor	ie Number	
Enclosed is a ch	neck for the fe	ollowing an	nount:						
☑ \$25.00 Fili	ng Fee 1		iling Fee & ate of Status	Cer	00 Filing Fee & tified Copy itional copy is encle			\$60,00 Filing Certificate of Certified Co (additional cop.	of Status & . py

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TAMPA BAY SHORE	Sulfort LLC
(Name of the Limited Liability Company as it now (A Florida Limited Liability Com	appears on our records.) apany)
he Articles of Organization for this Limited Liability Company were filed	
lorida document number <u>L23000 S60114</u> .	
lorida document number	
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability compa	any here:
SHORE SUPPORT UC	
he new name must be distinguishable and contain the words "Limited Liability Company	"the designation "LLC" or the abbreviation "LLL.C."
nter new principal offices address, if applicable:	24
Principal office address MUST BE A STREET ADDRESS)	1.0 C
The partifice dual cas in OST DD TO CHEDET TO DETERMINE	1
nter new mailing address, if applicable:	<u> </u>
Aailing address MAY BE A POST OFFICE BOX)	<u> </u>
. If amending the registered agent and/or registered office address on	our records, enter the name of the new registe
ent and/or the new registered office address here:	, <u></u>
Name of New Registered Agent:	
New Registered Office Address:	
En	ter Florida street address
	, Florida
City	Zip 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 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>	Address	Type of Action
MGR	WENDY J CLARK	2214 E 20TH AVE TANNA FL	3605 \alpha\dd
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			□Change
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If an effectiv Note: If th	date, if other than the date of filing:
e record spe rd is filed.	ecifies 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^	1AY 28TH 2024.
	Kaulbe
	Signature of a member or authorized representative of a member

Typed or printed name of signee