L24000075585

| (Requestor's Name) |
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| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| , |
| (Document Number) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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| TO: Registration So Division of Cor | | | |
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| Shore2Bay | Realty 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 | indence concerning this matter | to the following: | |
| | Michael S Tadros | | |
| | | Name of Person | |
| | Shore2Bay Realty LLC | | |
| | | Firm/Company | |
| | 11 Beach Dr SE Ste S | | |
| | | Address | |
| | St Petersburg FL 33701 | | |
| | | City/State and Zip Code | |
| | info@shore2bay.com | | |
| For further information c | n-mail address: (| to be used for future annual report no all: | nerication) |
| Michael S Tadros | | 708 288-7443 | |
| Name o | f Person | at () Area Code Dayti | me Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25,00 Filing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |
| Mailing Addres | | Street Address: Registration S | ection |
| Registration (Division of C | | Division of Co | |
| P.O. Box 632 | .7 | The Centre of | |
| Tallahassee, | FL 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| Shore2Bay Realty LLC | | 2021, | |
|--|---|-----------------------------------|--|
| Shore2Bay Realty LLC (Name of the Limited Liability Company a (A Florida Limited Liabi | as it now appears on our record inty Company) | us) Rij g: | |
| e Articles of Organization for this Limited Liability Company we rida document number <u>L24000075585</u> | | and assigned | |
| is amendment is submitted to amend the following: | | | |
| If amending name, enter the new name of the limited liabilit | | _ | |
| e new name must be distinguishable and contain the words "Limited Liability | Company," the designation "LL | .C" or the abbreviation "L.L.C." | |
| nter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) | | | |
| nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) | | | |
| 8. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | ddress on our records, ent | ter the name of the new registere | |
| _ | | | |
| New Registered Office Address: | Enter 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 agriculture and complete. | | | |

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> | Address | Type of Action |
|--------------|-----------------|---|----------------|
| MGR | Douglas R Swain | 11 Beach Dr SE Ste S | = Add |
| | | St Petersburg FL 33701 | □Remove |
| | | | []Change |
| NGR | SNEEM F KHAN | | DAdd |
| | | 11 BEACH DR SE ST. PETERSBURG, FL 33 | Remove |
| | | ST. PETERSBURG, FL 33 | Change □Change |
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| ective date, if other than the da reffective date is listed, the date must b | ate of filing: | | (optional) | D |
| te: If the date inserted in this block | k does not meet the applic | able statutory filing re | | |
| tument's effective date on the Depa | artment of State's records. | | | |
| | | | | |
| | are, but not an effective ti | me, at 12:01 a.m. on t | ne earner of: (b) - Fne | 90th day after the |
| | | | | |
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| s filed. | 2024 | | | |
| reord specifies a delayed effective destributed. June 12 | . 2024 | · | | |
| s filed. | 2024 gnature of a member or autho | | | |

Filing Fee: \$25.00