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SECRETARY OF STATE
FALLAHASSEF

COVER LETTER

Registration Section Division of Corporations

	E SERVICES LLC		•			
JECT:	Name of Lim	ited Liability Company				
	amendment and fee(s) are sub-	_				
te return all correspon	dence concerning this matter	to the following:				
	CHRISTOPHER OZENDI	ES				
	Name of Person					
	SHORELINE SERVICES LLC					
	Firm/Company					
	408 ERIE DR					
		Address	fication) Be Telephone Number Show the first of Status & Certified Copy (additional copy is enclosed)			
	JUPITER FL 33458					
		City/State and Zip Code				
	shorelinesrves@gmail.com	to be used for future annual report notif	(cation)			
further information co	ncerning this matter, please ca	•	,			
ristopher Ozendes		954 695-7813				
Name of	Person	Area Code Daytime	: Telephone Number			
closed is a check for the	e following amount:					
¶ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy			
Mailing Address Registration S		Street Address:				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassec, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHORELINE SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on 09/30/2024 and assigned lorida document number _L24000422052 his amendment is submitted to amend the following: . If amending name, enter the new name of the limited liability company here: e new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." iter new principal offices address, if applicable: rincipal office address MUST BE A STREET ADDRESS) ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the name of the new registered nt and/or the new registered office address here: Jennifer M. Callahan Name of New Registered Agent: 408 Eric Drive New Registered Office Address: Enter Florida street address Jupiter

Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and not the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability any 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>	<u>Address</u>	Type of Action
VP	Jennifer M. Callahan	408 Erie Drive Jupiter FL 33458	= Add
		 	□Remove
			Change
<u>VP</u>	Sean Gilhooley		□Add
		Jennifer M. Callahan 408 Erie Drive Jupiter FL 33458	Remove
			□ Add
			□ Remove
			□ Change
			□Add
			Remove Change Add Remove Add A
			□Change
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		 	□Remove
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			□Add
			☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Change

		
 		
		
Effective date, if other than t		
	must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605, s block does not meet the applicable statutory filing requirements, this date will not be listed	
	e Department of State's records.	
ne record specifies a delayed effect ord is filed.	ective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
ita is inca.		
November 8 Dated	2024	
Dated	\overline{Ca}	
(home of the second	
	Signature of a member or authorized representative of a member	
^	Margal alorg A Azandes	
	hristopher C. Otendes Typed or printed name of signee	

Filing Fee: \$25.00