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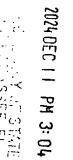
(1	Requestor's Name)
(/	Address)
(,	Address)
(0	City/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(1)	Business Entity Name)
(1	Document Number)
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12/11/24--01006--023 ***25.00



FILED

COVER LETTER

SUBJECT:		SHORES LLC		
SOBJECT	·	Name of Lim	ited Liability Company	
The enclose	Name of Limited Liability Company nolosed Articles of Amendment and fee(s) are submitted for filing. e return all correspondence concerning this matter to the following: Jeannine E Ray Trust			
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Jeannine E Ray Trust		
			Name of Person	····
			Firm/Company	
		107 Lisa Marie Place		
			Address	
		Shalimar, FL 32579		
			City/State and Zip Code	
				
For further	information co		•	ification)
Rocky Mag			850 496-6189	
	Name o	f Person		ne Telephone Number
Enclosed is	a check for th	e following amount:		
\$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	ailing Address		Street Address:	
	gistration S vision of C		Registration Se Division of Co	
	O. Box 632		The Centre of 3	
Та	llahassee, F	FL 32314		oe Street. Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAY-MAR SHORES LLC		
(<u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our reco la Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Control	Company were filed on 10/17/2024	and assigned
Torida document number L24000442885	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	nited Liability Company." the designation "L	J.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
		
		F 2024 DEC
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		!
		円 _の
3. If amending the registered agent and/or registered		ter the name of the new registo
gent and/or the new registered office address here:		
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	C. C. C. C.	
	Enter Florida street ado	tress
		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>	Name	Address	Type of Action
Manger	Jeannine E Ray Trust	107 Lisa Marie Place	
		Shalimar, FL 32579	□Remove
			Change
			□Add
			□ Remove
			
			Remove
			Change
			□Add
			Remove
			Change
			□ Add
			□Remove
		<u> </u>	□Change
			
			□Remove
			Change

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Effective date, if other than the If an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defective date.	st be specific and cannot be prior to lock does not meet the applicab			
		. 12.01		
	e date, but not an effective time	e, at 12:01 a.m. on the ea	rlier of: (b) The 90th day a	fter the
rd is filed.	re date, but not an effective time 2024	e, at 12:01 a.m. on the ea	rher of: (b) The 90th day a	fter the
rd is filed.		e, at 12:01 a.m. on the ea	rher of: (b) - The 90th day a	fter the
rd is filed.	. 2024			fter the
e record specifies a delayed effectiv rd is filed. Dated December 6				fter the

Filing Fee: \$25.00