

L13000056684

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

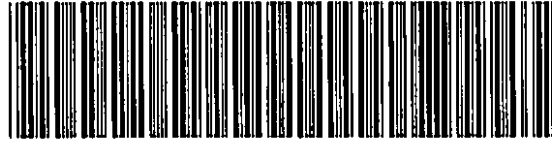
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SCHOONER ONDINE, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CYNTHIA M LYBRAND

Name of Person

C M LYBRAND & CO LLC

Firm/Company

728 CANAL ST

Address

NEW SMYRNA BEACH, FL 32168-6903

City/State and Zip Code

lybrand@ctfllr.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CYNTHIA LYBRAND

386 428-2315

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &
Certificate of Status

\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCHOONER ONDINE LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on APRIL 17, 2013 and assigned

Florida document number L13000056684

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)

5820 TANGLEWOOD DR NE

ST PETERSBURG

FL 33703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5820 TANGLEWOOD DR NE

ST PETERSBURG

FL 33703

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

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	ROBERT P REED	1812 BEACON ST	<input type="checkbox"/> Add
		NEW SMYRNA BEACH	<input checked="" type="checkbox"/> Remove
		FL 32169	<input type="checkbox"/> Change
MGRM	JEANNINE A REED	1812 BEACON ST	<input type="checkbox"/> Add
		NEW SMYRNA BEACH	<input checked="" type="checkbox"/> Remove
		FL 32169	<input type="checkbox"/> Change
MGRM	NANCY GREENE	5820 TANGLEWOOD DR NE	<input checked="" type="checkbox"/> Add
		ST PETERSBURG	<input type="checkbox"/> Remove
		FL 33703	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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TALLAHASSEE, FLORIDA

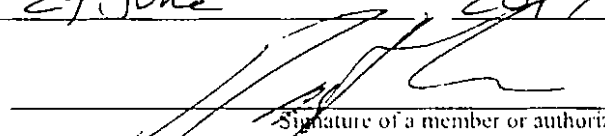
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 29 June 2017



Signature of a member or authorized representative of a member

NANCY GREENE

Typed or printed name of signee