

L14000087958

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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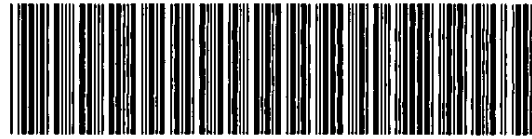
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
FEB 28 2017

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 709 EASTPORT ROAD, LLC  
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:

*K*  
KEVIN MERRITT

Name of Person

709 EASTPORT ROAD, LLC

Firm/Company

376 ST. JOHNS GOLF DRIVE

Address

ST. AUGUSTINE, FL 32092

City/State and Zip Code

INFO@RIVERCPA.COM

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

For further information concerning this matter, please call:

STANLEY U HUNT

904 626-6347  
at ( ) Daytime Telephone Number

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

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TALLAHASSEE, FLORIDA

709 EASTPORT ROAD, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/02/2014 and assigned  
Florida document number L14000087958.

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) \_\_\_\_\_

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address MAY BE A POST OFFICE BOX) \_\_\_\_\_

**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: RIVER CPA, LLC

New Registered Office Address: 1547 PETERS CREEK ROAD

*Enter Florida street address*

GREEN COVE SPRINGS, Florida 32043

*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.*

 STANLEY W. HUNT

If Changing Registered Agent, Signature of New Registered Agent

OWNER: RIVER CPA, LLC

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	URSULA J MERRITT	376 ST. JOHNS GOLF DRIVE	<input type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	KEVIN MERRITT	376 ST. JOHNS GOLF DRIVE	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RYAN MERRITT	1044 MEADOW VIEW LANE	<input checked="" type="checkbox"/> Add
		ST. AUGUSTINE, FL 32092	<input type="checkbox"/> Remove
			<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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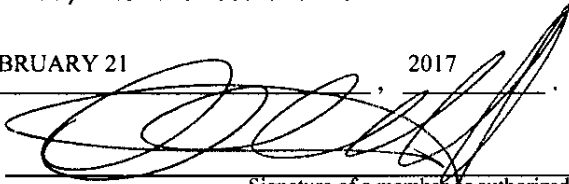
E. Effective date, if other than the date of filing: 01/05/2017 (optional)

(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 FEBRUARY 21, 2017



Signature of a member or authorized representative of a member

KEVIN MERRITT

Typed or printed name of signee