L15000013650

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NAME OF CORPORATION

FEB 03 2015

CSC 1201 Hays Street Tallahassee, FL 32301 (800) 927-9800

> ACCOUNT NO. : 12000000195 REFERENCE : 482712 8030887 AUTHORIZATION : COST LIMIT : ORDER DATE : 02-02-15 ORDER TIME : 10:52 AM ORDER NO. : 482712-005 CUSTOMER NO: 8030887 DOMESTIC AMENDMENT FILING NAME: GYPSY SOUL SEAGRASS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: ___ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING CONTACT PERSON: Carina L. Dunlap -- EXT# 62951 EXAMINER'S INITIALS:

ARTICLES ÓF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it now (A Florida Limited Liability Com	appears on our records.)	
The Articles of Organization for this Limited Florida document number <u>L15000013650</u>	Liability Company were filed	on 1/29/2015	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability compa	ny here:	
GYPSY SOUL SEAGLASS, LLC			
The new name must be distinguishable and end with the	e words "Limited Liability Company	," the designation "LLC" or the abb	reviation "L.L.
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STREET ADDRESS)			- B
	D. 11227		- 89 と [
			79 3
Enter new mailing address if annicables			(S) (O)
Enter new mailing address, if applicable:			## B
(Mailing address MAY BE A POST OFFICE	<u>. BOX)</u>		
	بسينين بيا		
B. If amending the registered agent and registered agent and/or the new registered of		s on our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:	Susan A. Shank		
New Registered Office Address:	617 Flagler Blvd.		
	Enter Florida street address		
	Lake Park	, Florida <u>3340</u>	3
	City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the proj			

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If Changing Registered Agent, Signature of New Registered Agent

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
AMBR	Susan A. Shank	617 Flagler Blvd. Lake Park, FL 33403	Add
			□ Remove
 			☐ Add
			□ Remove
-			□ Remove
			2015 F
			2015 FEB - 2 AM IO: 32 SECRETARY OF STATE ALLAHASSEE PROPERTOR OR O
			OF Remove 32
			Add
			Remove
			□ Remove

. If amending any other information, enter change(s) here: (Attach additional s.	heets, if necessary.)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more the date this document is filed by the Florida Department of State)	(optional) than 90 days after
Dated January 29 2015	
Suran G. Shork	
Signature of a member or authorized representative of a mo	ember
Susan Shank	

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Filing Fee: \$25.00

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