

L16000182532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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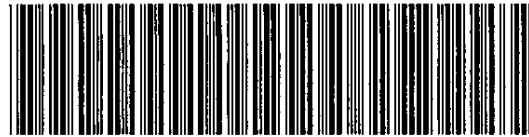
(Business Entity Name)

(Document Number)

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2017 MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY

MAR 24 2017



A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200
Cedar City, Utah 84720
Phone 435-586-9366
Fax 435-586-9491

Lisa Barnard, Paralegal
lisab@kkoslawyers.com

March 15, 2017

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Still Waters Florida 2, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Lisa Barnard
Legal Assistant

Enclosure

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Still Waters Florida 2, 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:

Name of Person

KKOS Lawyers

Firm/Company

1883 W. Royal Hunte Drive, Suite 200

Address

Cedar City, Utah 84720

City/State and Zip Code

lisab@kkoslawyres.com

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

For further information concerning this matter, please call:

Lisa Barnard

435

586-9366

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

FILED
2017 MAR 23 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Still Waters Florida 2, 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 September 30, 2017 and assigned
Florida document number L16000182532.

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:

New Registered Office Address:

1511 Euston Drive

Enter Florida street address

Reunion

City

Florida 34747

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>
MGR	Mat R. Sorensen	20542 NE 26th Street	☐ Add
		Sammamish, FL 98074	☒ Remove
			☐ Change
MGR	Jeffrey R. Kelleran	20542 NE 26th Street	☒ Add
		Sammamish, WA 98074	☐ Remove
			☐ Change
MGR	Kristina L. Kelleran	20542 NE 26th Street	☐ Add
		Sammamish, WA 98074	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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ALL CHANGES FILED

FILED

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

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2017 MAR 23 PM 1:08
SECRETARY OF STATE
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 March 9, 2017

Kristina F. Kellner
Signature of a member or authorized representative of a member

Kristina L. Kelleran

Typed or printed name of signee