

L19 000 186909

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

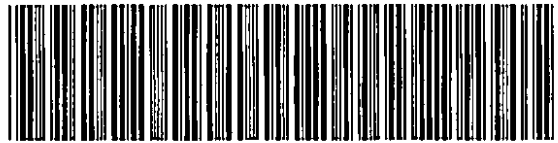
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/08/20--01012--014 **25.00

S T L L E N T
AUG 21 2020

2020 AUG 21 PM 12:06

Handwritten signature



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 29, 2020

CAROLYN MCFEE
3965 HIDDEN OAK DRIVE
PENSACOLA, FL 32504

SUBJECT: 4517 GUERLAIN, LLC
Ref. Number: L19000186909

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 020A00012805

Rec 8/21/20

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

4517 Guerlain, 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 07/19/19 and assigned Florida document number LC19000186909.

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)

2020 AUG 21 PM 12:05

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: Carolyn McFee

New Registered Office Address: 3965 Hidden Oak Drive

Enter Florida street address

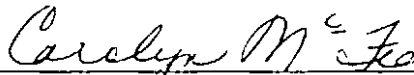
Pensacola, Florida 32504

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> |
|--------------|------------------|-------------------------|--|
| MGR | Kramer Litvak | 40 South Palafox Street | <input type="checkbox"/> Add |
| | | Suite 300 | <input checked="" type="checkbox"/> Remove |
| | | Pensacola, FL 32502 | <input type="checkbox"/> Change |
| MGR | Carolyn McFee | 3965 Hidden Oak Drive | <input checked="" type="checkbox"/> Add |
| | | Pensacola, FL 32504 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Michael G. McFee | 3965 Hidden Oak Drive | <input checked="" type="checkbox"/> Add |
| | | Pensacola, FL 32504 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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