

L210000 77127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

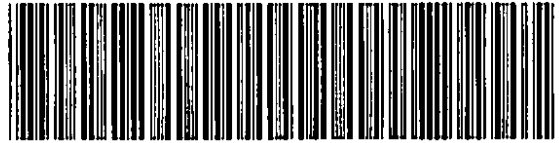
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21 APR 19 PM 3:50
OFFICE OF JUDICIAL ADMINISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 30A Lookout, 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:

Candi L. Gray

Name of Person

Emerald Coast Permitting, Inc.

Firm/Company

141 Mack Bayou Loop, Suite 303

Address

Santa Rosa Beach, FL 32459

City/State and Zip Code

candigray@ecpermits.net

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

For further information concerning this matter, please call:

Candi L. Gray 850 837-7444

Name of Person at () 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

FILED
STATE OF FLORIDA
21 APR 19 PM 3: 50

30A Lookout, 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 02/15/2021 and assigned Florida document number L21000077127.

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:

5339 Alpha Road, Suite 300

(Principal office address MUST BE A STREET ADDRESS)

Dallas, TX 75240

Enter new mailing address, if applicable:

5339 Alpha Road, Suite 300

(Mailing address MAY BE A POST OFFICE BOX)

Dallas, TX 75240

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

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| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|---|--|
| MGR | John Freer | 13123 E. Emerald Coast Parkway, Suite B | <input type="checkbox"/> Add |
| | | Inlet Beach, FL 32461 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Michael Guerrero | 10711 E. County Highway 30A, Suite 500 | <input type="checkbox"/> Add |
| | | Inlet Beach, FL 32461 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Mark Humphreys | 5339 Alpha Road, Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Dallas, TX 75240 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Chad Tomerlin | 5339 Alpha Road, Suite 300 | <input checked="" type="checkbox"/> Add |
| | | Dallas, TX 75240 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Change |

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

Add correct FEIN: 86-2275904

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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 April 10th, 2021



Signature of a member or authorized representative of a member

Mark Humphreys

Typed or printed name of signee