

L170000728M

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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15 JAN 16 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 29 2015

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1/13/15

RE: LLC Name & Registered Agent Change

My phone number is 850-376-3269.

Address: 192 Lake Pointe Dr., Santa Rosa Beach, FL 32459

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

30A Dreamcatcher Properties, 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 May 17, 2013 and assigned  
Florida document number L13000072884.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cole Blair Properties, LLC

The new name must be distinguishable and end with 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:

Christopher Cole Blair

New Registered Office Address:

192 LAKE Pointe Dr

Enter Florida street address

SANTA ROSA BEACH, Florida

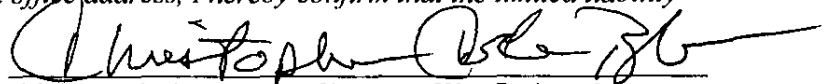
City

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
15 JAN 16 PM 1:11  
32959

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

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

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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated January 30, 2015



Signature of a member or authorized representative of a member

Christopher Cole Blair

Typed or printed name of signee

**Page 3 of 3**  
**Filing Fee: \$25.00**

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