

LO8 0000 11378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10/6/2021
JH

Office Use Only



000374007280

09/29/21--01000--011 ++29.00

FILED
2021 SEP 29 PM 11:55
SECRETARY OF STATE
TALLAHASSEE, FL 32310

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Spirit of The Swamp, 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:

MARCUS C. MILLER
Name of Person

Firm/Company

313 Chesapeake Rds
Address

Woodstock, GA 30189
City/State and Zip Code

mmiller@peoplesfinancial.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARCUS C. MILLER at (678) 873-0521
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 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

2021 SEP 29 PM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Spirit of the Swamp, 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 1/31/2008 and assigned
Florida document number LO8000011378

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**)

313 Chesapeake Rds
Woodstock, GA 30189

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

313 Chesapeake Rds
Woodstock, GA 30189

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:

Christopher Miller

4175 Oakwood Drive

Enter Florida street address

ST CLOUD

City

Florida

34772

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.

Christopher Miller
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>
MGRM	JAMES H. CLARK	4245 STORY ROAD	<input type="checkbox"/> Add
		SEINT CLOUD, FL. 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Deborah J. Clark	4245 story Road	<input type="checkbox"/> Add
		SEINT CLOUD, FL. 34772	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARCUS C. MILLER	313 Chesapeake Rds	<input checked="" type="checkbox"/> Add
		Woodstock, GA 30189	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JASON Todd Miller	7216 Adrienne Ave	<input checked="" type="checkbox"/> Add
		Springfield, VA 22152	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 September 27, 2021

Signature of a member or authorized agent

Signature of a member or authorized representative of a member

MARCUS C. MILLER

Typed or printed name of signee

Filing Fee: \$25.00