L00000000110

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Sasinoss Linky riams)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



000301915480

07/28/17--01009--016 **80.00

17 JUL 28 PH 1: 18

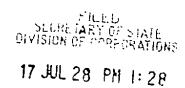
OIVER PH 1: 28

M. MILLIGAN JUL 28 2017

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	CVII.	OURT, LLC		
SUBJE	C1	Name of Lin	nited Liability Company	
The end	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		ROBERT S. HIGHTOWE	ER, ATTORNEY	
		<u></u>	Name of Person	
		HIGHTOWER LAW FIR	M	
		*****	Firm/Company	· · · · · · · · · · · · · · · · · · ·
		PO BOX 4165		
			Address	***
	TALLAHASSEE, FLORIDA 32315			
			City/State and Zip Code	·
		E-mail address: (to be used for future annual re-	port notification)
For furth	ner information c	oncerning this matter, please c	all:	
ROBER	et s. hightow	ER	850 222-:	3363
	Name o	f Person	at () Area Code	Daytime Telephone Number
Enclosed	I is a check for th	e following amount:		
\$ 25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclos	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registra Divisio P.O. Bo	ing ADDRESS: ation Section n of Corporations ox 6327 ssee, FI. 32314	Registration Division of Clifton Bui	Corporations Iding nive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



REID'S COURT, LLC

· · · · · · · · · · · · · · · · · · ·		
(<u>Name of the Limited Liability Con</u> (A Florida Limit	ipany as it new a d Liability Comp	ppears on our records.) uny)
The Articles of Organization for this Limited Liability Compa Florida document number		
This amendment is submitted to amend the following:		
A: If amending name, enter the new name of the limited li	ability compar	ıy here:
The new name must be distinguishable and contain the words "Limited Lis	phility Company "	the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	NO CHAN	
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	
Enter new mailing address, if applicable:	REID'S CC	DURT, LI.C
(Mailing address MAY BE A POST OFFICE BOX)	14806 FRC	ONT BEACH RD., BOX # 139
	PANAMA	CITY BEACH, FL 32413
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address	s on our records, <u>enter the name of the new</u>
Name of New Registered Agent: NO CHANG	E	
New Registered Office Address:		
	Enter	Florida street address
		, Florida
New Registered Agent's Signature, if changing Registered Agen	City at:	Zip Code
hereby accept the appointment as registered agent and agorovisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered office company has been notified in writing of this change.	gree to act in the te performance s provided for	e of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

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> Type of Action NO CHANGE □ Remove _□ Change _□ Add _□ Remove _□ Change _□ Add _□ Remove ☐ Change ☐ Add ☐ Remove ☐ Change _D Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change

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

AMENDING ARTICLE VI, MANAGEMENT, TO READ AS FOLLOWS:

ARTICLE VI MANAGEMENT

The Limited Liability Company is to be managed by a Manager. The name and address of the Manager of the Company is Jimmy L. Williams, 14806 Front Beach Road, Box # 139, Panama City Beach, Florida 32413. In the event that said Jimmy L. Williams resigns as Manager or is unable to serve as a result of permanent disability or death, Wendy Williams Anzalone shall serve as Manager in his place and stead. The Manager shall have full and complete authority, power and discretion to manage and control the business affairs and properties of the Company, to make all decisions regarding those matters and to perform any and all other acts or activities customary or incident to the management of the Company's business. No person other than the Manager of the Company shall have the authority to transfer, convey, mortgage or encumber the real property held in the name of the Company.

E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filin Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	(optional) ng or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) y filing requirements, this date will not be listed as the
f the record specifies a delayed effective date, but not an effect b) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the earlier of:
Dated JULY 24 2017 Signature of a member of authorized representation	or July 28 1 1 28
JIMMY L. WILLIAMS, MANAGER Typed or printed name of sig	1 20 % OF
Page 3 of 3	28

Filing Fee: \$25.00