

200000014717

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

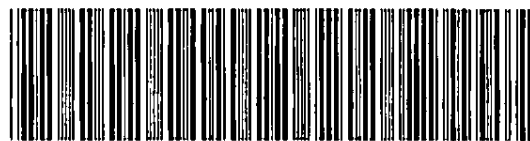
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
17 DEC 27 PM 2:49
CLERK OF COURT
TALLAHASSEE, FLORIDA

DEC 28 2017

SULKER

December 26, 2017

BY FEDEX

TRACKING NUMBER : 7710 8471 4857

Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Reinstatement/Amendment of Southern Getaway, LLC

Dear Sir or Madam:

Enclosed please find our application for reinstatement and Articles of Amendment to Articles of Organization for Southern Getaway, LLC.

Also enclosed is our check no. 2913 in the amount of \$2,483.75 for reinstatement fees, annual report fees and filing fees, calculated as follows:

Annual Report Fee: \$138.75 x 17	=	\$2,358.75
Reinstatement Fee \$ 100. x 1	=	\$ 100.00
Filing Fee for Articles of Amendment	=	<u>\$ 25.00</u>
Total:		\$2,483.75

Please feel free to contact our office if you have any questions.

Sincerely,



Christine T. Edwards
Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN GETAWAY, 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:

CELIA R. CLARK, ESQ.
Name of Person

CLARK & GENTRY PLLC
Firm/Company

570 LEXINGTON AVE SUITE 1910
Address

NEW YORK NY 10022
City/State and Zip Code

C. Clark & Clark and GENTRY, COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CELIA R. CLARK
Name of Person

at (212) 370-4220
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

SOUTHERN GETAWAY, 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 11/29/2000 and assigned
Florida document number L 00000014717.

This amendment is submitted to amend the following:

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

SOUTHERN GETAWAY II, LLC

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**)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
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_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

17 DEC 27 PM 8:49
 DEPT OF STATE
 FLORIDA
 LEED

ALL SHASSEE, FLORIDA

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 07-11-2001 BY 60322
UCBAW

(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 12/8, 2017

Signature of a member or authorized representative of a member

Flavia Gusmano

Typed or printed name of signee