

LD1000002239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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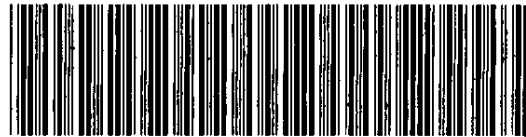
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
SEP - 5 2008
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Channel Marker 71 Barrier Island Inn & Restaurant, L.L.C.
(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:

Heather Dawn Harley-Davidson

(Name of Person)

Channel Marker 71 Barrier Island Inn & Restaurant, L.L.C.

(Firm/Company)

7601 A1A South

(Address)

St. Augustine, Florida 32080

(City/State and Zip Code)

For further information concerning this matter, please call:

Heather Dawn Harley-Davidson

(Name of Person)

at (904) 806-4288

(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**

Channel Marker 71 Barrier Island Inn & Restaurant, L.L.C ■

(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 02-09-01 and assigned
Florida document number LO1000002239

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 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)

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TALLAHASSEE, FLORIDA

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Patrick L. Whelan	220 Estrada Ave. St. Augustine Florida 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
VP	Patrick L. Whelan	220 Estrada Ave. St. Augustine Florida 32084	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jenny Lynn Freeman	7601 A1A South St. Augustine Florida 32080	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

see attached resignation
letter

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated September 3rd, 2008


Signature of a member or authorized representative of a member

Heather Dawn Harley-Davidson

Typed or printed name of signee

- Patrick L. Whelan
220 Estrada Ave.
• St. Augustine, Florida 32084

Channel Marker 71 Barrier Island Inn & Restaurant, LLC
7601 A1A South
St. Augustine, Florida 32080

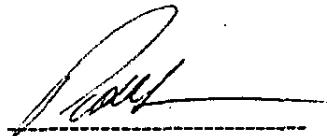
June 15th 2008

Re: Letter of Resignation

To Whom It May Concern:

I, Patrick L. Whelan, resign as Vice President, Managing Member position for Channel Marker 71 Barrier Island Inn & Restaurant, LLC. Articles of Amendment to Articles of Organization for Channel Marker 71 Barrier Island Inn & Restaurant, LLC., will be submitted to the Florida's Department of State Division of Corporations under the next subscribed date acceptable for amendments.

This letter of resignation releases any financial interest in Channel Marker 71 Barrier Island Inn & Restaurant, LLC. may be offered in evidence by either party. Each party understands and agrees that this resignation constitutes the entire agreement between, owner, manager, and registered agent, Heather Dawn Harley-Davidson, and myself, Patrick L. Whelan, and supersedes any prior understanding or agreements between them. Patrick L. Whelan will releases all claim of business or debt responsibilities incurred of Channel Marker 71 Barrier Island Inn & Restaurant, LLC. to date.



Patrick L. Whelan

6-15-08

Date



Heather Dawn Harley-Davidson

Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA