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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SEAL MAINT 10/27/2021
TALLAHASSEE

7150

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FLORIDA - GEORGIA DEVELOPMENT, 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:

Jill S CLARK
Name of Person
FLORIDA - GEORGIA DEVELOPMENT, LLC
Firm/Company
6419 N. PARAGUA CIRCLE
Address
CRYSTAL RIVER, FLORIDA 34428
City/State and Zip Code
jillclark@TAMPA Bay.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill S CLARK at (352) 794-2830
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input checked="" type="checkbox"/> \$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**

FLORIDA-GEORGIA DEVELOPMENT, 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 10/07/2002 and assigned
Florida document number LC2000026431

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)

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:

Jill S Clark

New Registered Office Address:

6419 N PARAGUA CIRCLE

Enter Florida street address

CRYSTAL RIVER

City

Florida

34428

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.

Jill S Clark

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> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

| | | | |
|-----|----------------|-----------------------|--|
| MGR | Gordon E Clark | 6419 N PARAGUA CIRCLE | <input type="checkbox"/> Add |
| | | CRYSTAL RIVER | <input checked="" type="checkbox"/> Remove |
| | | FLORIDA 34428 | <input type="checkbox"/> Change |

| | | | |
|-----|--------------|-----------------------|---|
| MGR | Jill S Clark | 6419 N PARAGUA CIRCLE | <input checked="" type="checkbox"/> Add |
| | | CRYSTAL RIVER | <input type="checkbox"/> Remove |
| | | FLORIDA 34428 | <input type="checkbox"/> Change |

| | | | |
|--|--|--|---|
| | | | <input checked="" type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |

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| | | | <input type="checkbox"/> Change |

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| | | | <input type="checkbox"/> Change |
|--|--|--|---------------------------------|

2021 OCT 28 PM 9:41
SECURITY
MILITARY
MASSACHUSETTS
FLORIDA

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

Deleting MGRM due to death
Death certificate copy enclosed
Change to single from multi

2021 OCT 28 AM 9:14
DEPT. OF STATE
HALLAM STREET, 1000
SACRAMENTO, CA 95833

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 October 25, 2021.

Jill S Clark
Signature of a member or authorized representative of a member

Jill S Clark

Typed or printed name of signee