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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 10 2014

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TARRAGONA Developments of NW Florida 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:

MARK LYONS III
Name of Person
Asset Advisors, LLC
Firm/Company
P.O. Box 99
Address
Gulf Breeze, FL 32562
City/State and Zip Code
bockyLyons@YAHOO.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK LYONS III at (850) 341-4400
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/COURIER ADDRESS:

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

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

TARRAGONA Developments of NW Florida 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 04/22/03
JAN 08, 2014 and assigned
Florida document number CC8478737195 L03000014413

This amendment is submitted to amend the following:

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

Asset Advisors, LLC

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)

SAME

77 Baybridge Office Park
Gulf Breeze, FL 32561

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME

P.O. Box 99
Gulf Breeze, FL 32562

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:

SAME

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.

SAME

Signature of New Registered Agent

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TALLAHASSEE, FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	W. Brooks Lyons	PO Box 99	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change
		Gulf Breeze, FL 32562	<input type="checkbox"/> Remove
AMBR	Mark Lyons III	PO Box 99	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Change
		Gulf Breeze, FL 32562	<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

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Nov. 3, 2014.



Signature of a member or authorized representative of a member

MARK LYONS III

Typed or printed name of signee

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TALLAHASSEE, FLORIDA