## L05000079458

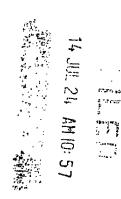
| (Requestor's Name)      |                    |             |  |  |
|-------------------------|--------------------|-------------|--|--|
| (Ad                     | ldress)            |             |  |  |
| (Ad                     | ldress)            |             |  |  |
| (Cit                    | ty/State/Zip/Phone | e #)        |  |  |
| PICK-UP                 | ☐ WAIT             | MAIL        |  |  |
| (Ви                     | isiness Entity Nar | ne)         |  |  |
| (Do                     | cument Number)     |             |  |  |
| Certified Copies        | _ Certificates     | s of Status |  |  |
| Special Instructions to | Filing Officer:    |             |  |  |
|                         |                    |             |  |  |
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|                         |                    |             |  |  |

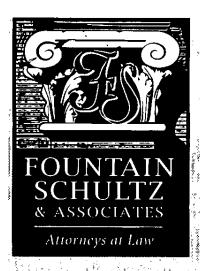
Office Use Only



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KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL C

SUITE A NAVARRE, FLORIDA 32566 TEL: (850) 939-3535 FAX: (850) 939-3539

SANTA ROSA BEACH

Tel.: (850) 622-2700 FAX: (850) 622-2722 July 22, 2014

## <u>VIA REGULAR US MAIL</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Four Palm Properties, LLC

Dear Sir or Madam:

The enclosed Articles of Amendment to Articles of Organization are submitted for filing. Also enclosed is check # 1123 in the amount of \$25.00 for the filing fee.

Please return in self-addressed stamped envelope that is provided.

Thank you for your consideration.

Sincerely,

FOUNTAIN, SCHULIZ & ASSOCIATES, PL

Kerry Anne Schultz, Esquire

KAS/lrd 14-00277.L Enclosed as stated

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| FOUR PALM PROPERTIE  |  |   |                     |             |             |                  |
|--|--|---|---------------------|-------------|-------------|------------------|
| (Name of the Limit   | ed Liability Compan<br>(A Florida Limited Li | y as it now appears on our reability Company) | cords.)             |             |             |                  |
|  |  |   |                     |             |             |                  |
| The Articles of Organization for this Limited Li   | ability Company v                            | vere filed on April 15, 2                     | 2005                | and         | assign      | ed               |
| Florida document number L05000037458   |  |   |                     |             |             |                  |
|  |  |   |                     |             |             |                  |
| This amendment is submitted to amend the follo   | owing:                                       |   |                     |             |             |                  |
| A. If amending name, enter the new name of   | the limited liabil                           | ity company here:                             | ,                   |             |             |                  |
|  |  |   |                     |             |             |                  |
| The new name must be distinguishable and end with the  | words "Limited Liabil                        | ity Company," the designation                 | "LLC" or the a      | bbreviation | n "LL.      | 2.11             |
|  |  |   |                     |             |             |                  |
| Enter new principal offices address, if applica  |  |   | <del></del>         | ·           |             | <del></del>      |
| (Principal office address MUST BE A STREE  | <u>T ADDRESS)</u>                            | <del> </del>                                  |                     |             |             |                  |
| ·  |  |   |                     | · · · · -   |             | · ·              |
|  |  |   |                     |             |             |                  |
| Enter new mailing address, if applicable:  |  |   |                     |             |             |                  |
| (Mailing address MAY BE A POST OFFICE I  | <u>BOX)</u>                                  |   |                     |             |             |                  |
|  |  |   |                     |             |             |                  |
|  |  |   |                     |             |             |                  |
| B. If amending the registered agent and/o  | or registered offi                           | ce address on our rec                         | ords, <u>enter</u>  | the nar     | ne of       | the nev          |
| registered agent and/or the new registered off   | <u>ice address here</u> :                    |   |                     | . 156.      |             |                  |
|  | 1/a  | 5-L-34-                                       |                     |             |             |                  |
| Name of New Registered Agent:  | Kerry Anne S                                 | SCHUITZ                                       |                     | \$          | <del></del> |                  |
| New Registered Office Address:   | 2045 Founta                                  | in Professional Cou                           | t                   | ak<br>H     | <u></u>     |                  |
|  |  | Enter Florida street ad                       | ldress              | 4,          | Ţ           | Prace            |
|  | Navarre                                      |   | , Florida <u>32</u> | 2566        | 37<br>37    | Reviews<br>C ( 6 |
|  |  | City  | ,                   | Zip Co      | de          | * erre y         |
| New Registered Agent's Signature, if changing R  | egistered Agent:                             |   |                     |             | ဟ           | 0                |
| I hereby accept the appointment as registered  | l agent and agree                            | to act in this capacity.                      | I further agi       | ree to co   | omply 1     | vith the         |
| provisions of all statutes relative to the prope   | r and complete p                             | erformance of my duties                       | s, and I am f       | amiliar     | with a      | nd               |
| accept the obligations of my position as regis   | tered agent as pr                            | ovided for in Chapter 6                       | 05, F.S. Or,        | if this d   | ocume       | nt is            |
| being filed to merely reflect a change in the re<br>company has been notified in writing of this c |  | curess, 1 nereon confirm                      | ı ınaı ine lin      | nitea (ia   | ouity       |                  |
| ,,   |  |   |                     |             |             | _                |
|  | If Chang                                     | na Magistanach Laurt Claunt                   | man of Name Da      | -1          |             | _                |

Page 1 of 3

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 = M<br>AMBR = A | anager<br>uthorized Member |   |                |
|---------------------|----------------------------|---|----------------|
| <u>Title</u>        | <u>Name</u>                | Address   | Type of Action |
| AMBR                | Stephen W. House           | 6039 Dogwood Avenue, Apartment, Milton, Florida 325 | 70<br>□ Add    |
|                     |                            |   | E Remove       |
| AMBR                | Robert L. Brown            | 762 Valley Ridge Way, Penacola, FL 3251             | <br>4<br>□ Add |
|                     | •                          |   | Remove         |
|                     |                            |   |                |
|                     |                            |   | □ Add          |
|                     |                            |   | Remove         |
|                     |                            |   |                |
|                     |                            | •   | _□ Add         |
|                     |                            |   | Remove         |
|                     |                            |   | Kemoye         |
|                     |                            |   |                |
|                     | ·                          |   | □ Add ☐        |
|                     |                            |   | _C Romove      |
|                     | •                          |   | □ Add          |
|                     |                            |   | _L Aud         |
|                     |                            |   | _□ Remove      |
|                     |                            |   |                |

| If amending any other information, enter change(s) here: (Attach o  | additional sheets, if necessary.)        |
|---|--|
|   |  |
|   |  |
|   | 191-101-101-101-101-101-101-101-101-101- |
|   |  |
|   |  |
| 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 co<br>the date this document is filed by the Florida Department of State) | annot be more than 90 days after         |
| Dated July 15th , 2014.   |  |
| 3   |  |
| X C   |  |
| Signature of a member or authorized represe   | ntative of a member                      |
| Typed or printed name of sig  | onee .                                   |

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Filing Fee: \$25.00

14 JUL 24 AN 10: 57