

L05000045657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

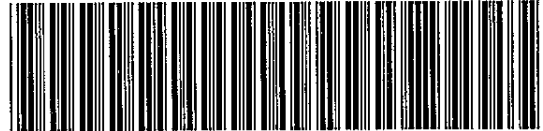
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
TALLAHASSEE, FLORIDA
JUL 14 2011

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Waterside Partners, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☐ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☒ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

SP 7/14/05 10:00
Name Date Time

Walk-In

Will Pick Up

ARTICLES OF AMENDMENT TO
ARTICLES OF ORGANIZATION OF
WATERSIDE PARTNERS, LLC

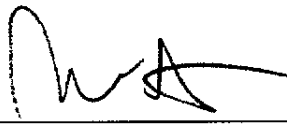
1. Articles of Organization were filed on May 9, 2005, and assigned document number L05000045657.

2. Article I of the Articles of Organization of WATERSIDE PARTNERS, LLC, a Florida limited liability company, is hereby amended to provide as follows:

Article I. Name.

The name of this limited liability company is AMERICAN TRUST
WATERSIDE PARTNERS, LLC, referred to in these Articles of Organization as
the "Company."

IN WITNESS WHEREOF, the undersigned, as an authorized representative of a member
of this limited liability company, has executed these Articles of Amendment on 7/13,
2005.



RICHARD R. GANS

STATE OF FLORIDA
COUNTY OF SARASOTA

The foregoing Articles of Amendment to Articles of Incorporation were acknowledged
before me on 7/13, 2005, by RICHARD R. GANS, who is personally known to
me or who has produced _____ as identification.

Name Jessica L. Gaines
Notary Public
Serial Number (if any) _____
Commission Expiration Date _____

