

LO500006511

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

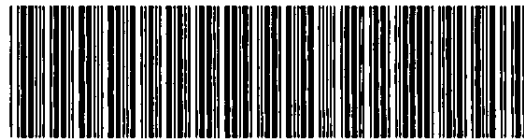
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

APR 22 2013

L. SELLERS

Office Use Only



700247015377

04/19/13--01022--028 **25.00

FILED

13 APR 19 PM 2:00

**SECRETARY OF STATE
TALLAHASSEE, FL 32399-0001**

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Indian Bluff Preserve, 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:

Sean McNeil

Name of Person

Indian Bluff Preserve, LLC

Firm/Company

475 Harrison Avenue, Suite 200

Address

Panama City, Florida 32401

City/State and Zip Code

smcneil@mcneilcarroll.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sean McNeil

Name of Person

at (850) 763-5730

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**

Indian Bluff Preserve, 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 07/06/2005 and assigned
Florida document number L05000066571.

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) _____

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

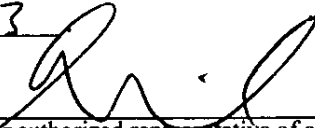
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cande W. McNeil	475 Harrison Avenue, Suite 200	<input type="checkbox"/> Add
		Panama City, Florida 32401	<input checked="" type="checkbox"/> Remove
MGRM	Sean McNeil	475 Harrison Avenue, Suite 200	<input checked="" type="checkbox"/> Add
		Panama City, Florida 32401	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 APR 19 PM 2:00
 STOP & WAIT
 FILLING STATION

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

Dated

April 16, 2013



Signature of a member or authorized representative of a member

Sean McNeil

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00