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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

SUBJECT:	DESTINat	ion Management LC				
SOMECT.						
The enclosed A	Articles of Amendment and fee(s) are	submitted for filing.				
Please return a	Il correspondence concerning this mat	ter to the following:				
		Marilyn MacCollum				
	DE	STINation Management LC Firm/Company	2812 APR I			
		6327 Augusta Cove				
	Address					
	Destin, FL 32541			£		
		City/State and Zip Code				
	E-mail address	maccollum2@cox.net :: (to be used for future annual report no	tification)			
For further info	ormation concerning this matter, pleas	e call:				
~~~~~	Marilyn MacCollum	at ( 850 )	269-2242			
	Name of Person	Area Code & Dayti	me Telephone Number			
Enclosed is a c	heck for the following amount:					
<b>✓ \$2</b> 5.00 Filin	ng 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 enclose	d)		
	MAILING ADDRESS: Registration Section	STREET/COUR Registration Sect	RIER ADDRESS:			
Division of Corporations P.O. Box 6327			Division of Corporations			

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DESTINation	Managemer	nt LC			
(Name of the Limited Liability Com (A Florida Limite	npany as it now ap ed Liability Compa	pears on our record ny)	<u>s.</u> )		
The Articles of Organization for this Limited Liability Compa	any were filed on	September 20	, 2005	and assi	gned
Florida document numberL0500092509					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited l	iability company	here:			
DESTINation N	lanagement Li	LC			
The new name must be distinguishable and end with the words "L.L.C."	imited Liability Co	ompany," the designat	tion "LLC	2912	bbreviation
Enter new principal offices address, if applicable:	-	·····	13.R	AP	7.47
Principal office address MUST BE A STREET ADDRESS				- <del>-</del> -	September 1
Enter new mailing address, if applicable:				<b>₩</b>	A. J. P.
Mailing address MAY BE A POST OFFICE BOX)			4JEP		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our records, <u>er</u>	iter the	name of	the new
Name of New Registered Agent:					
New Registered Office Address:		Enter Florida stree	t address		
		, Floric			
	City		Z	Zip Code	
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>				

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>	Type of Action
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D. If amen	ding any other informatio	n, enter change(s) here: (Attach additional s	heets, if necessary.)
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Dated	April 16		
	ma	isto martalling	
	Signati	ure of a member or authorized representative of a	member
		Marilyn MacCollum	
		Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00