

206000004694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

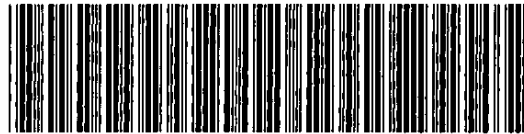
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

FEB 12 2008

EXAMINER

FERGUSON LAW FIRM, P.C.

ATTORNEYS AT LAW
POST OFFICE BOX 954
JONESBORO, GEORGIA 30237-0954

MONROE FERGUSON
CASSANDRE M. GALETTE
PAMELA M. BETTIS

ferglaw@bellsouth.net

(770) 478-3025
(770) 478-7200
Fax (770) 478-6982

February 8, 2008

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

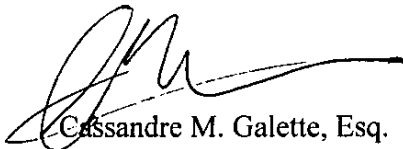
RE: Gables & Palms Vacation Rentals, LLC

Dear Sir/Madam

Please find enclosed Articles of Amendment to the Articles of Organization for Gables & Palms Vacation Rentals, LLC. Payment of \$60.00 is enclosed to satisfy costs of filing fee, Certificate of Status and Certified Copy of the Amended Articles.

If you have any questions regarding this matter, please feel free to contact me.

Sincerely,



Cassandre M. Galette, Esq.

CMG/c

cc: John Webb
File

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2008 FEB 11 AM 11:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: GABLES & PALMS VACATION RENTALS, 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:

JOHN WEBB

(Name of Person)

GABLES & PALMS VACATION RENTALS, LLC

(Firm/Company)

530 HIGHWAY 3

(Address)

HAMPTON, GEORGIA 30228

(City/State and Zip Code)

For further information concerning this matter, please call:

JOHN WEBB

(Name of Person)

at (678) 437-2615

(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

FILED
200 FEB 11 AM 11:13
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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

GABLES & PALMS VACATION RENTALS, 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 JANUARY 13, 2006 and assigned Florida document number L06000004694.

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."

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: BARBARA SANDERS, ESQUIRE

New Registered Office Address: 80 MARKET STREET

(Enter Florida street address)

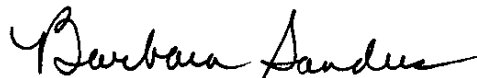
APALACHICOLA, Florida 32329

(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)

2006
JAN 13
AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

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	JOHN WEBB	530 HIGHWAY 3 HAMPTON, GEORGIA 30228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MIKE PELLER	24 WEST CENTRAL ENTRANCE DULUTH, MINNESOTA 55811-3434	<input checked="" 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

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

Principal Address: 2335 NORTH HIGHWAY 71, WEWAHITCHKA, FL 32465

Dated JANUARY 11, 2008

Signature of a member or authorized representative of a member

CASSANDRE M. GALETTE, ESQ.

Typed or printed name of signee

2008 FEB 11 AM 11:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA