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COVER LETTER

Division of Corporations
SUBJECT: Patterson Development Group LCC 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:
Chad Patterson Name of Person
Patierson Development Group LLC
4 Satty LA POBOX 6784
City/State and Zip Code Profes enclose lorgent grows (a yo hoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Clied Patterson at (850) 499-7111 Name of Person Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Salution Status Solution See S
MAILING ADDRESS: STREET/COURIER ADDRESS:

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

Registration Section

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ratterson kin	elopnent GOUP L	<u> </u>
(Name of the Limited) (A	Liability Company as it now appears on or Florida Limited Liability Company)	<u>ir records.</u>)
The Articles of Organization for this Limited Liabi Florida document number		8/2006 and assigned
	_	
A. If amending name, enter the new name of th	ie limited liability company here:	
The new name must be distinguishable and contain the word	ls "Limited Liability Company," the designat	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:	registered office address on our ee address here:	
	Enter Florida str	eet address
	City	, Florida
New Registered Agent's Signature, if changing Reg	•	ny tota
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this cha	and complete performance of my d ered agent as provided for in Chapt gistered office address, I hereby cor	uties, and I am familiar with and er 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Allen Rerker	P.O Box 1157	
		Santa Rosa Beach FC	Remove
		32459	□ Change
MER	Marsha Retterson	14 Sally CN	jx /Add
		Santa Rosa Beach	Remove
		FL 32459	Change
			D Add
			Remove
			Change
			🗆 Remove
			☐ Change
		1.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	□ Remove
		 	Change
			□ Add
			□ Remove
			☐ Change

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n ee	
Note:	(optional) Tective date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	10/9/19
	Signature of a member or authorized phyresentative of a member

Page 3 of 3

Filing Fee: \$25.00