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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration Sect Division of Corpo	ion orations		
SUBJECT: Plantation is	land Partners, LLC Name of Limit	ed Liability Company	
	anendment and fee(s) are subn		
	Ronald N. Pacetti	Name of Person	
	Plantation Island Partners, I	Firm/Company	
	1301 Plantation Island Driv	e South, Suite 303A Address	
	St. Augustine, Florida 3208 RPAC 199 E-mail address: (1	Secol. Com o be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
Ronald N. Pacetti Name o	f Person	at (904) 461-9916 X Area Code Daytime	: Telephone Number
Enclosed is a check for the	ne 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 Addrn	10.0	Street Address:	

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

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ompany as it now appears on our records.)	
oany were filed on February 10, 2006	and assigned
liability company here:	
Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
<u>S)</u>	
fice address on our records, <u>enter the</u>	e name of the new registered
Enter Florida street address	
Flori	da
City	Zip Code
,	Enter Florida street address Flori

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 605, 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 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
MGRM	T. B. Kemp	1301 Plantation Island Drive South, Suite 303A	□Add
		St. Augustine, Florida 32080	Remove
			□Change
			□Add
			□ Remove
			Change
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Effective date, if other t	han the date of filir	ng: May 15, 2021		(optional)	
(If an effective date is listed, the Note: If the date inserted document's effective date	e date must be specific an in this block does not	nd cannot be prior to dat meet the applicable s	e of filing or more than statutory filing requir	90 days after filing.) Pu ements, this date wil	rsuant to 605.0207 I not be listed as
he record specifies a delayed	I effective date, but no	ot an effective time, a	at 12:01 a.m. on the e	arlier of: (b) The 9	Oth day after the
ord is filed.				•	-1
Dated May 15		. 2021			
		- "			