

L06000025425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

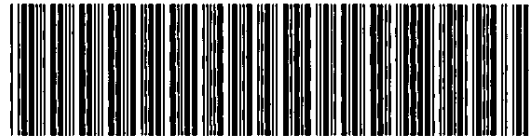
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000253924240

11/18/13--01022--007 **50.00

FILED

13 NOV 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch NOV 20 2013



November 12, 2013

Department of State
Division of Corporations
Amendment Section
Post Office Box 6327
Tallahassee, FL 32314

RE: Palm Coast Seminole Group, LLC
Palm Coast One Group, LLC

Dear Sir or Madam:

Enclosed are Articles of Amendment for each of the above entities, along with our check for \$50.00. Please proceed to make the requested corrections.

Thank you for your attention to this matter and should you have any questions or need anything further, feel free to contact me at 386/257-3839 x316 or e-mail me at bethrobins@riceroselaw.com.

Sincerely,

James L. Rose, Esquire

JLR/hjr
Encs.



Principal Office: 222 Seabreeze Boulevard • Daytona Beach, FL 32118 • 386.257.1222 • Fax 386.257.9025

Flagler County Office • 386.445.9007

Southeast Volusia Office • 386.426.6463

www.RiceRoseLaw.com

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

PALM COAST ONE GROUP, 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 03/09/2006 and assigned Florida document number L06000025425.

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)

45 Bay Pointe Drive

Ormond Beach, FL 32174

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

45 Bay Pointe Drive

Ormond Beach, FL 32174

FILED
NOV 18 AM 8 50
TALLAHASSEE, FLORIDA

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:

45 Bay Pointe Drive

Enter Florida street address

Ormond Beach

, Florida 32174

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	Jon Chisholm	20 Gale Lane	<input type="checkbox"/> Add
		Ormond Beach, FL 32174	<input checked="" type="checkbox"/> Remove
MGRM	Gus Simos	1 Florida Parkway Drive, #307	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
MGRM	Gus Simos	45 Bay Pointe Drive	<input checked="" type="checkbox"/> Add
		Ormond Beach, FL 32174	<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

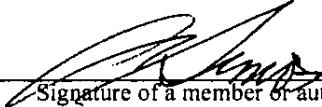
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 NOV 18 AM 8:50

FILED

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

Dated November 12, 2013.



Signature of a member or authorized representative of a member

Gus Simos

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED

13 NOV 18 AM 8:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA