206000059171

(R	equestor's Name)
(A	ddress)
(A	ddress)
(C	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	usiness Entity Name)
(D	ocument Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
Sign	

Office Use Only

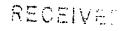


800280207848

800280207848 12/30/15--01021--025 **25.00

2016 JAN 13 PM 1: 30

K.SALY EXAMINER JAN 14



2016 JAN 13 AM 11: 12

FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 4, 2016

LAGOON NEBULA, LLC STEVEN H JACKSON 3080 GRAND BAY BLVD, UNIT 524 LONGBOAT KEY, FL 34228

SUBJECT: LAGOON NEBULA, LLC Ref. Number: L06000059171

We have received your document for LAGOON NEBULA, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 216A0000043

COVER LETTER

Division of Cor			
Lagoon Ne	bula, LLC		
SOBJECT.	Name of Limit	ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ondence concerning this matter to	o the following:	
	Steven H. Jackson		
		Name of Person	
	Lagoon Nebula, LLC		
•		Firm/Company	
-	3080 Grand Bay Blvd, Unit	524	
		Address	
	Longboat Key, FL 34228		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	steve.jackson@shjackson.com		
For further information of	concerning this matter, please cal	be used for future annual report notifical:	eatton)
Steven H. Jackson		941 993-3993	
Name o	of Person	at () Area Code Daytime '	Telephone Number
Enclosed is a check for t	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2016 JAN 13 PM 1:30

Lagoon Nebula, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A FIONDA LITT	med Liability Company)	TORW.	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L06000059171</u> .	pany were filed on June 9, 2006	and assigned	
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 contain 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 ADDRES.	<u>s)</u>		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)	3080 Grand Bay Blvd, Unit 52	4	
	Longboat Key, FL 34228		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:		s, enter the name of the r	
new Registered Office Additions.	Enter Florida street addres	;s	
	, Florida		
***************************************	City	orida Zip Code	
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	olete performance of my duties, ar	nd I am familiar with and	

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

2016 JAN 13 PM 1:30
FALL AHASSEE LORIO, or removed from our records: MGR = Manager AMBR = Authorized Member **Address Type of Action Title** <u>Name</u> □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove ☐ Change _□ Add ☐ Remove _□ Change □ Add □ Remove ☐ Change □ Add ☐ Remove _□ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

	2016 JAN 13 PM
-	
_	Service PM
	ALLAHASSE SIA
_	Macro Constant
_	(A)
_	
	
_	
_	
_	
_	
_	
r!.	and the State of the Alexandra Alexandra College
necuv in effe	re date, if other than the date of filing: (optional) crive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
<u>ote:</u> I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ant's effective date on the Department of State's records.
Cume	it s effective date on the Department of State's records.
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.
1110.	out day after the record is thed.
. [December 27 2015
ited _	··································
	17-21
	fillor in
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00