

LO6000116815

(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



400231595734

04/26/12--01019--027 \*\*30.00

FILED  
2012 APR 26 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

APR 27 2012

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: The Alexander at Seacrest Beach, 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:

William A Davis

Name of Person

The Alexander at Seacrest Beach, LLC

Firm/Company

349 Honey Cove Ct SW

Address

Fort Walton Beach FL 32548

City/State and Zip Code

admin@williamadaviscompanies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dana Weaver

Name of Person

at ( 850 )

243-7161

Area Code & Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 APR 26 PM 12:49

FILED

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

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

The Alexander at Seacrest Beach, 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 12/6/2006 and assigned  
Florida document number L06000116815.

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)

349 Honey Cove CT SW

Fort Walton Beach, FL 35248

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

349 Honey Cove CT SW

Fort Walton Beach, FL 35248

2012 APR 26 PM 12:49  
FILED  
SECRETARY OF STATE  
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:

William A Davis

New Registered Office Address:

349 Honey Cove CT SW

*Enter Florida street address*

Fort Walton Beach

Florida

32548

*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.*

*William A Davis*  
*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	William A Davis	349 Honey Cove Ct SW Fort Walton Beach FL 32548	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Donald Baranowski	778 Scenic Gulf Drive Unit A-202 Destin, FL 32550	<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

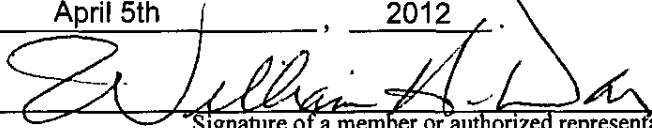
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2012 APR 26 PM 12:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated April 5th, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

William A Davis

\_\_\_\_\_  
Typed or printed name of signee