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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations	•			
	d Townhomes, LLC	·			
SUBJECT:	Name of Lim	ited Liability Company			
The analoged Stripler of	Amendment and fee(s) are sub	mitted for filing			
Please return all correspo	ondence concerning this matter	to the following:			
	Ronald Hilton				
		Name of Person	<del></del>		
	Scioto Bend Townhomes,				
		Firm/Company			
	110 Cumberland Park Dr.	#106			
		Address			
	Saint Augustine, FL 32095				
	ronhilton@palmvalleyinsur	City/State and Zip Code			
	<del>-</del> ·	to be used for future annual report not	ification)		
For further information of	oncerning this matter, please c	all:			
Ronald Hilton		813 435-0607			
Name of Person			ne Telephone Number		
Enclosed is a check for the	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	<del></del> '	<u>Street Address:</u> Registration Sc	ection		
Division of C		<del></del>	Division of Corporations		
P.O. Box 632	27	The Centre of	The Centre of Tallahassee		
Tallahassee,	FL 32314	2415 N. Monro	be Street. Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Scioto Bend Townhomes, LLC				
(Name of the Limite	ed Liability Compan (A Florida Limited L	y as it now appears on our r iability Company)	ecords.)	
The Articles of Organization for this Limited Li. Florida document number $\frac{1.07000053874}{1.07000053874}$		were filed on $\frac{\text{May 21, 200}}{\text{May 21, 200}}$	<del>)</del> 77	_ and assigned
This amendment is submitted to amend the follo				2020 HAY
A. If amending name, enter the new name of		<del></del>		. 5
The new name must be distinguishable and contain the w	ords "Limited Liabili	ty Company," the designation	"LLC" or the abbre	viation "L.txu."
Enter new principal offices address, if applications		110 Cumberland Park Dr		نخ
(Principal office address MUST BE A STREE		Saint Augustine. FL 3209	)5	<u>က</u> ဟ
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>	Saint Augustine, FL 3209	<del>-</del> -	
B. If amending the registered agent and/or reagent and/or the new registered office address	* *	ddress on our records, <u>e</u>	enter the name o	of the new register
Name of New Registered Agent:	Ronald Hilton			
New Registered Office Address:	110 Cumberland	l Park Dr. #106		
		Enter Florida street c	iddress	
	Saint Augustine		_, Florida	5
		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 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 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>	<u>Address</u>	Type of Action
MGR	Ronald Hilton	110 Cumberland Park Dr #106 Saint Augustine, I	FL 32C
			□Remove
			□Change
			□Add
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			□Change
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lf an eff <u>Note:</u>	ive date, if other than the date of filing:
e recor rd is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
	May 12th 2020
	Locale Ho
Dated	· · · · · · · · · · · · · · · · · · ·

Filing Fee: \$25.00