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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SALVATORI, WOOD, BUCKEL, CARMICHAEL & LOTTES

Account Number : I20030000112

Phone

: (239)552-4100

Fax Number

: (239)649-0158

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

LJSOSWBCL, com

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN NORTH LIGHT YACHT CLUB, LLC

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MAY 2 2 2017

S. YOUNG

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NORTH COURTS AND THE OTHER TEA

IIIMTAMOTOLAT SIII

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited LiabWay Com		
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	<u>çoras.</u> )
The Articles of Organization for this Limited Liability Compa Florida document number <u>L07000059528</u> .	ny were filed on JUNE 5, 200	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lin	ability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
<u>(Principal office address MUST BE A STREET ADDRESS)</u>		= = = = = = = = = = = = = = = = = = = =
		3 55
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	·	
	<u></u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our rec sere:	ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ac	ldress
		, Florida
	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

# MAY/19/2017/FRI 04:49 PM

## FAX No.

P. 003

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>	Name	Address	Type of Action
MGR	STEVEN LANTER	P.O. BOX 7098	
		DESTIN, FL 32540	■ Remove
			☐ Change
MGR	SHAWN J. TALPEY	115 John Sims Parkway West	
		Niceville, FL 32578	□ Remove
		30,	Change
VMGR	KERI L. DOSCHER	115 John Sims Parkway West	■ Add → Sugar
· .		Niceville, FL 32578	Remove H
	•	·	19 Change Cr FLORIDA
			FLORIDA
			□ Remove
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			Remove
	,	<u>**</u>	Change
			□ Add
			□ Remove
			☐ Change

f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
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The 90th day after the record is filed.	
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Signature of a member or authorized representative of a member	
Leo J. Salvatori	
Leo J. Maivaton	

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