

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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	page. Doing so will generate another cover sheet.		- 2015
To:		<u>}.45</u>	<u>42</u>
	Division of Corporations Fax Number : (850)617-6383	65 - 22 - 7	22
Duam -			
From:	Account Name : MATTHEWS & JONES, LLP	A Compa	er Er
	Account Number: I19990000039 Phone: (850)837-3662		<del></del>
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Electronic Filing Menu

Corporate Filing Menu

Help

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jolly Bay Farm, LLC		
(Name of the Limited Limbility Compa (A Florida Limited I	ny as it now annears on pur re liability Company)	ecords,)
The Articles of Organization for this Limited Liability Company	were filed on _5/27/2008	and assigned
Florida document number L08000052219		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)		
		7447
		G) []
Enter new mailing address, if applicable:		ii iii
(Mailing address MAY BE A POST OFFICE BOX)		<b>7</b> %
		<b>J.</b>
		<b>5</b>
B. If amending the registered agent and/or registered of registered agent and/or the now registered office address here	fice address on our rec	ords, enter the name of the ne
E-12-2-1-th agent annuar the new registered office address ner	ži.	الله الله الله الله الله الله الله الله
Name of New Registered Agent:		
New Registered Office Address:		
1987 Cognition Office Hadisas	Unter Florida street a	ddress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my dutie	s, and I am familiar with and

If Changing Registered Agent, Signature of New Registered Agent

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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.

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09-22-'16 15:00 FROM-

T-017 P0003/0004 F-047

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

Title	Name	Address	Type of Action
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		Destin, FL 32541	■ Remove
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Effective date, if other than the d (If an effective date is listed, the date must b <u>Note:</u> If the date inserted in this bloc document's effective date on the Dep	k does not meet the a	pplicable statutory	or more than 90 days all filing requirements, th	tional) er filing.) Pursuant to 6 nis date will not be fi	05.0207 (3) sted as the
the record specifies a delayed of the 90th day after the record	effective date, bu d is filed.	t not an effecti	ve time, at 12:01	a.m. on the ear	tier of:
Dated September 22	2016				
Sanbert.	Gulari gnature of a member or	authorized represent	ulivo of a member		

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Filing Fee: \$25.00

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