| (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: | | | | | |
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| A. LUNT | | | | | |
| NOV - 3 2009 | | | | | |
| EXAMINED | | | | | |

Office Use Only



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Control of the Control

COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|--------------------------|
| SUBJECT: Longboat Body Retreat Name of Limited Liability Company | | |
| 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: | | |
| Jennifer Crady | - | |
| Longboart Booly Retreat Firm/Company | - | |
| | 70 | |
| 10824 Gulf of Mexico De | 2009 NOV | acces to the |
| | | El annacia. Carrieran |
| Longboot Key FL 34228 City/State and Zip Code | -2 PH 4: 33 RY OF STATE SSEE, FLORIDA | i. |
| | PH 4: | |
| Jencrady Eyahoo, cont Email address: (to be used for future annual report notification) | RATE DRAFE | |
| For further information concerning this matter, please call: | * | |
| Jennifer Cvacly at (941) 518-0346 Name of Person Area Code & Daytime Telephone Number | | |
| Name of Person Area Code & Daytime Telephone Number | è r | |
| Enclosed is a check for the following amount: | | |
| (additional copy is enclosed) Certifie | ate of Status & | osed) |

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

| Longboat Body | Ketreat | | | | | |
|--|---|------------------------|----------------|-----------|------------|--|
| (Name of the Limited Liability Comp | pany as it now appear d Liability Company) | rs on our records | <u>r</u>) | | | |
| The Articles of Organization for this Limited Liability Compar | | May 11 | 2009 a | ınd assig | gned | |
| Florida document number <u>L090004557.5</u> | | | | | | |
| This amendment is submitted to amend the following: | | | | | | |
| A. If amending name, enter the new name of the limited li | ability company her | <u>'e</u> : | | | | |
| Γhe new name must be distinguishable and end with the words "Lin'L.L.C." | mited Liability Compa | nny," the designat | ion "LLC" o | or the ab | breviation | |
| Enter new principal offices address, if applicable: | | | A S | <u>.</u> | | |
| Principal office address MUST BE A STREET ADDRESS) | *************************************** | | ASSE | 2 | - Farthern | |
| | | | <u> </u> | - C | | |
| | | | FLOR | ÷. | Carry, | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | · | ਤੁਜੋ- | ည | | |
| Muung adaress MAT BE A FOST OFFICE BOX | <u> </u> | | -, | | | |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address he | | our records, <u>en</u> | ter the na | ame of | the new | |
| | | | | | | |
| Name of New Registered Agent: | | | | | | |
| New Registered Office Address: | | | | | <u> </u> | |
| | Enter Florida street address | | | | | |
| | City | in Florida | | o Code | ode | |
| | Ç., y | | Lip | , 0000 | | |

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.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Address</u> Title <u>Name</u> Georgene Adkins Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00