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B. BOSTICK OCT 2 1 2014

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COVER LETTER

TO: Registration Section ,
Division of Corporations

IRIECT: All Seasons Collection 30A 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:

	Cheryl Mood	Name of Person		_	
	All Seasons	Collection 30	DA LLC		
	174 Waterco	olor Way #27	3	_	
	Santa Rosa	Beach FL 32	2459		
	cmoodie1@cox.r			2914 SEC	
For further information c	E-mail address: (oncerning this matter, please co	to be used for future annual r ep all:	ort notification)	2914 OCT 20 SEGRETARY ALLAHASSE	-
Cheryl Mod	die	_{at} 504, 35	2-9267	T P	
Name o	f Person	Area Code	Daytime Telephone Numb	H: 13	~-
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certific	Filing Fee, cate of Status & ed Copy nal 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

Persnikety Property MGMT	
(Name of the Limited Liability Company as it now app (A Florida Limited Liability Company)	ears on our records.) y)
The Articles of Organization for this Limited Liability Company were filed on	6/4/2009 and assigned
Florida document number L09000054046	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company	here:
The All Seasons Collection 30A LLC	
The new name must be distinguishable and end with the words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	77 W 129
	300 0
Enter new mailing address, if applicable:	\$5.50 E
	T T
Mailing address MAY BE A POST OFFICE BOX)	
	<u> </u>
	<u> </u>
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the
Name of New Registered Agent:	
New Registered Office Address:	
	Florida street address
	, 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

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

<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
	-		
			Remove
			Remove
<u> </u>			TALLAHASS
			Act 20 to 13
			☐ Add
			□ Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
_	
Effective (The effect the date	ve date, if other than the date of filing:
Dated_	Chip Mille
	Signature of a member or authorized representative of a member Cheryl Moodie
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00