

L10000048251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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10 JUN 14 PM 2:45  
SECRETARY OF STATE  
ALL AMASSEE, FLORIDA

J. BRYAN

JUN 15 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: \_\_\_\_\_

Seaside Gandy Cottage 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:

Gina Harries

Name of Person

Seaside Gandy Cottage LLC

Firm/Company

1805 Valparaiso Blvd

Address

Niceville, FL 32578

City/State and Zip Code

gina@destincandy cottage.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE

For further information concerning this matter, please call:

Gina Harries

Name of Person

at (850) 577-6370

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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**

Seaside Candy Cottage LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on May 4, 2010 and assigned Florida document number L10000048251.

This amendment is submitted to amend the following:-

**A. If amending name, enter the new name of the limited liability company here:**

Destin Candy Cottage LLC

The new name must be distinguishable and end with the words "Limited Liability 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)**

104 Harbor Blvd Bldg L  
Destin, Fl. 32541

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

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ALLAHADY, FLORIDA

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter 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 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 Changing Registered Agent, Signature of New Registered Agent**

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

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change name to  
Destin Candy Cottage LLC

10 JUN 14 PM 2:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated

6/1/10

Signature of a member or authorized representative of a member

Gina Harries

Typed or printed name of signee