## 40000108090

(Re	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	me)	
(Do	ocument Number)		
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



200269717032

02/23/15--01030--024 \*\*25.00

2015 FEB 23 PM 4: QC SECRETARY OF STATE TALL AMASSEF FLORID

700

MAR 0 2 2015 J. MARRIS

## COVER,LETTER

**Registration Section** 

TO:

SUBJECT:    Name of Limited Liability Company	Div	ision of Coi	porations			
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:    Robert G. Derr		810 SPI	NNAKER, LLC			
Please return all correspondence concerning this matter to the following:    Robert G. Derr	SUBJECT:			nited Liability Company		
Please return all correspondence concerning this matter to the following:    Robert G. Derr						
Robert G. Derr    Name of Person	The enclosed	l Articles of	Amendment and fee(s) are sub	emitted for filing.		
Name of Person  810 SPINNAKER, LLC  Firm/Company  11223 CHESTER LAKE ROAD WEST  Address  JACKSONVILLE, FL 32256  City/State and Zip Code bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  Area Code  \$ 363-9895  at (	Please return	all correspo	ondence concerning this matter	to the following:		
810 SPINNAKER, LLC  Firm/Company  11223 CHESTER LAKE ROAD WEST  Address  JACKSONVILLE, FL 32256  City/State and Zip Code  bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			Robert G. Derr			
Firm/Company  11223 CHESTER LAKE ROAD WEST  Address  JACKSONVILLE, FL 32256  City/State and Zip Code  bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  at (904 Area Code)  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\begin{array}{cccccccccccccccccccccccccccccccccccc			Name of Person			
Address  JACKSONVILLE, FL 32256  City/State and Zip Code bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			810 SPINNAKER, L	LC		
Address  JACKSONVILLE, FL 32256  City/State and Zip Code  bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  at (  904  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\Begin{array} \$25.00 \text{ Filing Fee} & \$30.00 \text{ Filing Fee} & \$Certified Copy (additional copy is enclosed)}  MAILING ADDRESS:  Registration Section Division of Corporations  Registration Section Division of Corporations			Firm/Company			
JACKSONVILLE, FL 32256  City/State and Zip Code  bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr  Name of Person  at (904 Area Code)  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$255.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations			11223 CHESTER LAKE ROAD WEST			
City/State and Zip Code  bobderr@bellsouth.net  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr    at (   904   363-9895				Address		
Bobderr@bellsouth.net			JACKSONVILLE, F	L 32256		
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Robert G. Derr    Solution   Solution			· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		
For further information concerning this matter, please call:    Robert G. Derr			<del>-</del>			
Name of Person  Area Code  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  Certificate of Status  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  Area Code  Daytime Telephone Number  \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations					tification)	
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee  \$30.00 Filing Fee & \$55.00 Filing Fee & Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  STREET/COURIER ADDRESS: Registration Section Division of Corporations	For further in	oformation c	concerning this matter, please c	all:		
Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  MAILING ADDRESS: Registration Section Division of Corporations  Registration Section Division of Corporations	Robert G.	. Derr			5	
\$25.00 Filing Fee Certificate of Status    \$30.00 Filing Fee & Certified Copy (additional copy is enclosed)   \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)		Name o	f Person		me Telephone Number	
Certificate of Status  Certified Copy (additional copy is enclosed)  Certificate of Status & Certified Copy (additional copy is enclosed)  MAILING ADDRESS:  Registration Section Division of Corporations  Certified Copy (additional copy is enclosed)  STREET/COURIER ADDRESS: Registration Section Division of Corporations	Enclosed is a	check for the	he following amount:			
Registration Section Registration Section Division of Corporations Division of Corporations	■ \$25.00 F	iling Fee		Certified Copy	Certificate of Status & Certified Copy	
		Registr	ration Section	Registration Secti	ion	
	P.O. Box 6327		Clifton Building 2661 Executive Center Circle			

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

810 SPINNAKER, LLC		
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our records.) imited Liability Company)	
The Articles of Organization for this Limited Liability Conflorida document number L10000108090	mpany were filed on 10/15/2010	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
he new name must be distinguishable and end with the words "Limit	ted Liability Company," the designation "LLC" or	. Σα (2) Σα (2)
Enter new principal offices address, if applicable:		OIS F
Principal office address MUST BE A STREET ADDRE	SS)	AFE EB
		EB 23
'nton now molling address if annihilately.		FLOR F.
Inter new mailing address, if applicable:	<del></del>	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or registe egistered agent and/or the new registered office addre		ter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	a
<del></del>	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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title **Name Address** Type of Action **MGRM** DERR, ROBERT G 11223 CHESTER LAKE ROAD WEST □ Add JACKSONVILLE, FL 32256 Remove **MGRM** DERR, STACY B 11223 CHESTER LAKE ROAD WEST □ Add JACKSONVILLE, FL 32256 ■ Remove Robert G. Derr and Stacy B. Derr MGR 11223 CHESTER LAKE ROAD WEST Joint Tenants by Entirety ■ Add JACKSONVILLE, FL 32256 ☐ Remove □ Add □ Add ☐ Remove

D. If amending any other information, enter ch	nange(s) here: (Attach additional sheets, if necessary.)
,	
E. Effective date, if other than the date of filing (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	e of receipt or filed date and cannot be more than 90 days after
Dated February 18	2015
<del></del>	RES
Signature of a re	nember or authorized representative of a member
	Robert G. Derr
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE