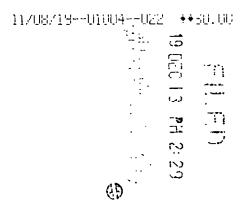
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T SCHENEDER

COVER LETTER

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

	amily Land Trust, LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Andrew C. Grant		
		Name of Person	····
	Chiumento Dwyer Hertel	Grant	
		Firm/Company	
	145 City Place, Suite 301		
		Address	
	Palm Coast, FL 32164		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information c	oncerning this matter, please c	all:	
Andrew C. Grant		386 445-8900	
Name o	l'Person	at ()	me Telephone Number
Enclosed is a check for th	ne 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 Addres		Street Address:	
Registration S Division of C		Registration S Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giannini Family Land Trust, LLC		
(Name of the Limited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	
The Articles of Organization for this Limited Liability Company were for $\frac{L10000123162}{L10000123162}$.	iled on November 30, 2010	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability co	ompany here:	
The new name must be distinguishable and contain the words "Limited Liability Com	pany," the designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
	·	CO
Enter new mailing address, if applicable:		F-3
(Mailing address MAY BE A POST OFFICE BOX)	= 1 	:
	(i)	
B. If amending the registered agent and/or registered office address agent and/or the new registered office address here:	s on our records, <u>enter the name of</u>	the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
		t. 2) 1
Cit	V Z	lip 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leo Giannini	955 W State Road 206	= Add
		St. Augustine, FL 32086	□Remove
			□Change
			🗆 Add
			□Remove
			DChange
			□Add
		=÷.,	□Remove
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date, if other than the date of filing ive date is listed, the date must be specific and	e: <u>Man mben</u>	1 2019 date of filing or m	ore than 90 days	optional) after filing.) F	orsuant to	o 605.020
cument's effective date on the Department of S	tate's records.	ie statutory min	g requirements	, this date w	ill not be	e listed a
ecord specifies a delayed effective date, but not	an effective time			f: (b) The f	90th day	after the
is filed.						
is filed. Ited	<u> 1419</u>	,				

Filing Fee: \$25.00