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COVER LETTER

TO:

TO:	Registration S Division of Co		
SUBJE	CT:	Mary Ann Se	xton Properties, LLC
30 D J			ited Liability Company
The end	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.
Please	return all corresp	ondence concerning this matter	r to the following:
			Whitney Hipsh Name of Person
Fle			et, Spencer & Kilpatrick Firm/Company
			283 N. Eglin Parkway
			Address
			Shalimar, FL 32579 City/State and Zip Code
		•	·
		E-mail address: (extondestin@aol.com to be used for future annual report notification)
For furt	ther information of	concerning this matter, please of	call:
	·	hitney Hipsh of Person	at (850) 651-4006 Area Code & Daytime Telephone Number
			, ,
Enclose	ed is a check for t	he following amount:	
▼ \$25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Division P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, 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

Mary Ann Sexton	Properties, L	<u>LC</u>		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears Jiability Company)	s on our records.		
The Articles of Organization for this Limited Liability Company Florida document numberL10000126591	were filed on	12/09/2010	and as	signed
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here	:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Compar	ny," the designation	"LLC" or the	abbreviation
Enter new principal offices address, if applicable:	601 Harbor Bl	vd.		
(Principal office address MUST BE A STREET ADDRESS)	Destin, FL 325	541		
•			1101	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			v	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	<u>e</u> :	ur records, <u>enter</u> er Florida street a , Florida	11 MAR 28 SECRETARY TALLAHASSE	
	City	, Fiorida _	SmZip &d	le "
	•		>	•

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 **Title Name Address** Type of Action ☐ Add Remove Remove _ Add ☐ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Warn Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00