

L12 0000 76424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

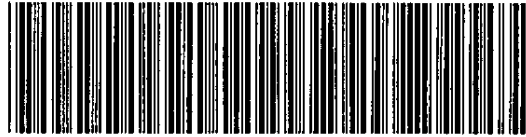
(Business Entity Name)

(Document Number)

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15 AUG 31 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 02 2015
J SHIVERS

Michael P. Haymans

====ATTORNEY AT LAW, P. A.====

August 28, 2015

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

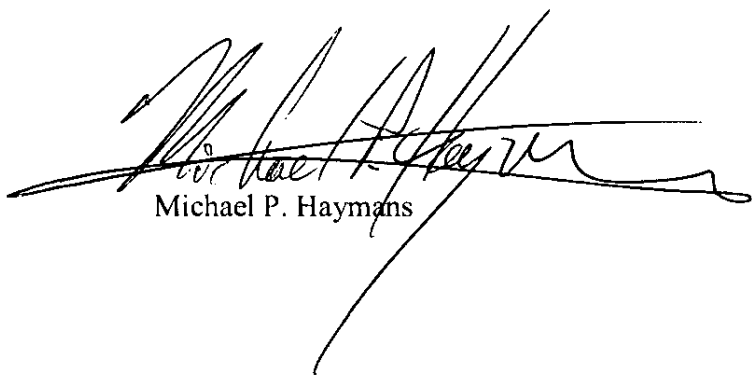
Reference: Gasparilla Island Seaplane, LLC/Florida Document Number L12000036424

Dear Sir/Madam,

Enclosed please find our firm's check in the amount of \$25.00, payment for the filing fee for the Articles of Amendment that we are filing on behalf of Gasparilla Island Seaplane, LLC. Pursuant to 605.0114 or 605.0116, Florida Statutes, the Registered Agent will be changing from Rudy Brown to Mark Futch, and the Members from August Hager and August Busch to Randy Wayne White and Ron Slimp.

Please call with any question that you may have or send confirmation of these changes to my office.

Sincerely,



Michael P. Haymans

MPH/lsc
Enc.
Cc: Clients

MICHAEL P. HAYMANS ATTORNEY AT LAW, P. A.
215 West Olympia Avenue
Punta Gorda, FL 33950
Phone: (941) 575-0007
Fax: 575-9177
www.mphaymans.com
michael@mphaymans.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Gasparilla Island Seaplane, 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:

Michael P. Haymans, Esq.

Name of Person

Michael P. Haymans Attorney at Law, P. A.

Firm/Company

215 West Olympia Avenue

Address

Punta Gorda, FL 33950

City/State and Zip Code

michael@mphaymans.com

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

For further information concerning this matter, please call:

Michael P. Haymans

at (941) 575-0007

Name of Person

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**

Gasparilla Island Seaplane, 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 03/14/2012 and assigned
Florida document number L12000036424.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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:

Mark Futch

New Registered Office Address:

375 Park Avenue (Post Office Box 21)

Enter Florida street address

Boca Grande

Florida

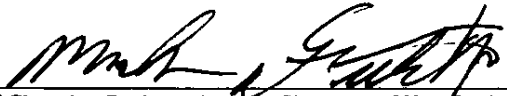
City

33921

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	HAGER, AUGUST WILL	139 VICTOR STREET	<input type="checkbox"/> Add
		ST. LOUIS, MO 63104	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	BUSCH, AUGUST ALII	150 TURNER BLVD.	<input type="checkbox"/> Add
		ST. PETERS, MO 63376	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	SLIMP, RON	3757 JENIFER STREET NW	<input checked="" type="checkbox"/> Add
		WASHINGTON, DC 20015	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	WHITE, RANDY WAYNE	6425 PINE AVENUE	<input checked="" type="checkbox"/> Add
		SANIBEL, FL 33957	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 AUG 31 AM 10:00
SECRETARY OF STATE
WASHINGTON, D.C.

15 AUG 31 AM 10:04
LEGATARY OF STATE
WASHINGTON, D.C.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, ____/____/____.

Michael P. Hayman - Authorized Representative/Attorney
Signature of a member or authorized representative of a member

MICHAEL P. HAYMAN'S
Typed or printed name of signee