

L12000042598

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(City/State/Zip/Phone #)

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JUL 18 2012

EXAMINER



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12 JUL 18 PM 4:45  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Fraternal Order Orioles Nest #327 Crystal River Florida 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:

Mark J Sternal

Name of Person

Fraternal Order Orioles Nest #327 Crystal River Florida LLC

Firm/Company

9707 W. Fort Island Trail

Address

Crystal River, FL 34429

City/State and Zip Code

msternal@mjspublications.com

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

For further information concerning this matter, please call:

Mark J Sternal

Name of Person

at ( 352 )

257-3261

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JUL 18 PM 4:45

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fraternal Order Orioles Nest #327 Crystal River Florida 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 03/27/2012 and assigned  
Florida document number L12000042598.

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 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)**

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

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

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**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: Jeanne Sternal

New Registered Office Address: 9699 W. Fort Island Trail

Enter Florida street address

Crystal River

City

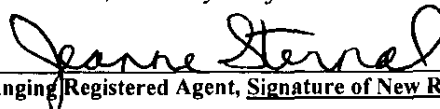
Florida

34429

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>
MGRM	Sternal Holdings, LLC	2510 WARREN AVE CHEYENNE WY 82001	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	PORT RESORT, INC	P.O. BOX 516 CRYSTAL RIVER FL 34423	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Sternal Holdings, LLC	9699 W. Fort Island Trail Crystal River, FL 34429	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	PORT RESORT, INC	P.O. BOX 516 CRYSTAL RIVER FL 34423	<input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated July 17, 2012.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mark J Sternal

\_\_\_\_\_  
Typed or printed name of signee