

L12000051846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

FEB -4 2013

G. McLEOD



300243663353

01/31/13--01021--011 **25.00

FILED
13 JAN 31 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REEVES STREET PROPERTIES, 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:

John S. Mead

Name of Person

Mead Law Firm

Firm/Company

24 Walter Martin Road NE Suite 2

Address

Fort Walton Beach, FL 32548

City/State and Zip Code

john@meadlawfirm.com

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

For further information concerning this matter, please call:

John S. Mead

Name of Person

at (850) 243-3135

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**

REEVES STREET PROPERTIES, 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 04/16/2012 and assigned
Florida document number L12000051846.

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)

FILED
13 JAN 31 PM 2:14
CLERK OF DADE
COUNTY FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

, Florida

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 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	Audrey E. Gibson	PO Box 700	<input type="checkbox"/> Add
		Fort Walton Beach FL 32549	<input checked="" type="checkbox"/> Remove
MGRM	John M. Gibson	829 Kellaire Ct.	<input type="checkbox"/> Add
		Destin FL 32541	<input checked="" type="checkbox"/> Remove
MGRM	Christianne Gibson	249 Brooks Street SE	<input type="checkbox"/> Add
		Fort Walton Beach FL 32548	<input checked="" type="checkbox"/> Remove
MGRM	Jacquelyn G. Alwin	PO Box 1610	<input type="checkbox"/> Add
		Destin FL 32540	<input checked="" type="checkbox"/> Remove
MGRM	Gibson Properties Inc.	70 Eglin Parkway NE	<input checked="" type="checkbox"/> Add
		Fort Walton Beach FL 32548	<input type="checkbox"/> Remove
MGR	John M. Gibson	829 Kellaire Ct.	<input checked="" type="checkbox"/> Add
		Destin FL 32541	<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MGR - Jacquelyn G. Alwin - PO Box 1610, Destin, FL 32540 - Add

Dated Jan. 28, 2013

Jacquelyn G. Alwin

Signature of a member or authorized representative of a member

Jacquelyn G. Alwin

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00