

L12 000023539

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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800283911368

L12-73539

Amend

04/07/16--01003--002 **25.00

FILED
16 APR -7 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

APR - 8 2016

N. CAUSSEAU

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jupiter-Palm Beach Motor Coach Resort, 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:

L. Wesley Nichols, Esq.

Name of Person

L. Wesley Nichols, P.A.

Firm/Company

11380 Prosperity Farms Road, Suite 204

Address

Palm Beach Gardens, Fl., 33410

City/State and Zip Code

lwnpa@bellsouth.net

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

For further information concerning this matter, please call:

L. Wesley Nichols

561 691-2020
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Jupiter-Palm Beach Motor Coach Resort, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
16 APR -7 PM 2:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 26, 2015 and assigned
Florida document number L12000073539.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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>
MGRT	Orien Dickerson	122 Glen Echo Drive	<input type="checkbox"/> Add
		Smyrna, TN., 37167	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Carl Vander Putten	67 Shaker Road	<input checked="" type="checkbox"/> Add
		Grey, Maine, 04039	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

APR 7 PM 2:28
STATE OF FLORIDA
TALLAHASSEE

16 APR -7 PM 2:28
OFFICE OF STATE
ATTORNEY GENERAL
TALLAHASSEE, FLORIDA

16 APR -7 PM 2:28
U.S. DEPT. OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

(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 April 4, 2016

Signature of a member or authorized representative of a member

L. Wesley Nichols Esquire
Typed or printed name of signee