

L12000110355

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(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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NOV 30 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

Amelia Endeavors, 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:

Phillip Allen

Name of Person

Firm/Company

95043 Sandpiper Loop

Address

Fernandina Beach, Florida 32034

City/State and Zip Code

pallen@ece.gatech.edu

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

For further information concerning this matter, please call:

Teresa Prince

904

261-1833

at ()

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**

Amelia Endeavors, 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 August 27, 2012 and assigned
Florida document number L12000110355.

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)

474305 State Road 200

Fernandina Beach, FL 32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

474305 State Road 200

Fernandina Beach, FL 32034

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:

Tomassetti & Prince

New Registered Office Address:

406 Ash Street

Enter Florida street address

Fernandina Beach

Florida 32034

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.

Justin H. Prince Partner Tomassetti & Prince

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> |
|--------------|-------------------|----------------------------|--|
| AMBR | Phillip Allen | 95043 Sandpiper Loop | <input type="checkbox"/> Add |
| | | Fernandina Beach, FL 32034 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Michael Walden | 474305 State Road 200 | <input checked="" type="checkbox"/> Add |
| | | Fernandina Beach, FL 32034 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGRM | Margaret A. Allen | 95043 Sandpiper Loop | <input type="checkbox"/> Add |
| | | Fernandina Beach, FL 32034 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated November 23, 2014

Trusa L. Prince, Attorney / authorized representative
Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE FLORIDA