

L12000111065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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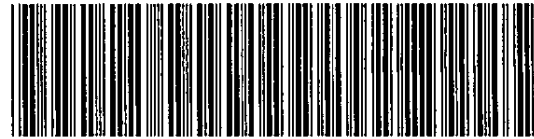
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocean Club of Amelia, 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:

Caroline Tobler

Name of Person

Ocean Club of Amelia, LLC

Firm/Company

PO Box 22069

Address

St Simons Island, GA 31522

City/State and Zip Code

goldenislesacct@gmail.com

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

For further information concerning this matter, please call:

Caroline Tobler

912

342-2601

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**

Ocean Club of Amelia, 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 28, 2012 and assigned
Florida document number L12000111065.

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)

1607 Frederica Rd, Suite 202

St Simons Island, GA 31522

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 22069

St Simons Island, GA 31522

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:

Michelle Stewart

New Registered Office Address:

1998 S. Fletcher Ave.

Enter Florida street address

Fernandina Beach

Florida 32047

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.

Michelle Stewart

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>
MGR	Michelle Stewart	PO Box 22069	<input checked="" type="checkbox"/> Add
		St Simons Island, GA 31522	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	George Stewart	PO Box 22069	<input type="checkbox"/> Add
		St Simons Island, Ga 31522	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Dated September 26, 2017

Signature of a member or authorized representative of a member

Typed or printed name of signee