L12000113603

(Re	equestor's Name)	
(Ac	dress)	
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(Cit	ty/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
(Do	ocument Number)	
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COVER LETTER

TO: Registration Se Division of Cor	
	Colony, LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ondence concerning this matter to the following:
	Matthew Montgomery
	Name of Person
	Juno Bay Colony, LLC
	Firm/Company
	1040 Clemons St.
•	Address
	Jupiter, FL 33477
	City/State and Zip Code
	Matthew@groundstone.net
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Matthew Montgomery	561 239-9738 at ()
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for the	he following amount:
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

Juno Bay Colony, LLC			
(<u>Name of the Limite</u> (d Liability Compa A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Lia	one and assigned		
Florida document number L12000113603	<u>.</u>		
his amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
he new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:	1040 Clemons St.	
(Principal office address MUST BE A STREET ADDRESS)		Jupiter, FL 33477	•
•	_		
Enter new mailing address, if applicable:		1040 Clemons St.	
Mailing address MAY BE A POST OFFICE E	8 <i>0X</i>)	Jupiter, FL 33477	10 P
			OR OR
B. If amending the registered agent and/o			ecords, enfer the name of the
registered agent and/or the new registered of	ice address her	e:	, -
Name of New Registered Agent:	Matthew Mont	gomery	· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	1040 Clemons	St.	
	-	Enter Florida street	address
	Jupiter		, Florida <u>33477</u>
		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>	Name	Address	Type of Action
MGR	Brian Goguen	2600 GOLDEN GATE PARKWAY	
		NAPLES, FL 34015	Remove
			Change
MGR	Robert Sullivan	2600 GOLDEN GATE PARKWA	Add
		NAPLES, FL 34015	■ Remove
			Change
			Add
			Remove
			Change
			□ Remove
			☐ Change
			Add
		7 : 2 : 2 : 2 : 2 : 2 : 2 : 2 : 2 : 2 :	Charge Charge Charge Remove
		FLORIDA.	Remove Change

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tive date if other than the	date of filing:	ing or more than 90 days after:	filing.) Pursuant to 605
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Filing Fee: \$25.00