## LIZCOCIHTHEF

(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



900352186859

09/28/20--01016--006 \*\*30.00

2020 SEP 28 PH 4: 25

ġ

16 11/2/20

## **COVER LETTER**

ection rporations		
esort on the River, LLC		
Name of Lim	ited Liability Company	<del></del>
Amendment and fee(s) are sub	mitted for filing.	
ondence concerning this matter	to the following:	
Carla Venard		
	Name of Person	
Law Office of Clark A. Sti	liweii	
	Firm/Company	
PO Box 250		erson  Pany  S  Zip Code  re annual report notification)   726-6767  Tode  Daytime Telephone Number  ling Fee &  Copy  S60.00 Filing Fee,  Certificate of Status &
	Address	
Inverness, Florida 34451		
caslaw@tampabay.rr.com		
	Name of Limited Liability Company  and fee(s) are submitted for filing.  serning this matter to the following:  nard  Name of Person  ce of Clark A. Stillwell  Firm/Company  250  Address  5, Florida 34451  City/State and Zip Code  tmpabay.rr.com  E-mail address: (to be used for future annual report notification)  s matter, please call:  at (	
concerning this matter, please co	352 726-6767	
of Person	at () Area Code Daytime	e Telephone Number
he following amount:		
■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	rporations  Resort on the River, LLC  Name of Lim  f Amendment and fee(s) are sub- ondence concerning this matter  Carla Venard  Law Office of Clark A. Sti  PO Box 250  Inverness, Florida 34451  caslaw@tampabay.rr.com  E-mail address: ( concerning this matter, please concerning this matter, please concerning this matter)  of Person	Resort on the River, LLC  Name of Limited Liability Company  If Amendment and fee(s) are submitted for filing.  Condence concerning this matter to the following:  Carla Venard  Name of Person  Law Office of Clark A. Stillwell  Firm/Company  PO Box 250  Address  Inverness, Florida 34451  City/State and Zip Code  caslaw@tampabay.rr.com  E-mail address: (to be used for future annual report notice concerning this matter, please call:  at (352 726-6767)  Area Code  Daytim  the following amount:  \$\Bigsim \$30.00 \text{ Filing Fee & Certificate of Status} \Bigsim \$\Bigsim \$\Bigsi

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Seagrass Resort on the River, LLC		
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number L12000147467	ompany were filed on 11/21/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		7:2
(Principal office address MUST BE A STREET ADDRI	ESS)	2 2
		7 O
		SSS P M
Enter new mailing address, if applicable:	****	सिंध व्य
(Mailing address MAY BE A POST OFFICE BOX)		75 F
		. IE 0
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Floric	ia 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>	Type of Action
MGRM	Basil E. Green	10410 W Halls River Road	□Add
		Homosassa, Florida 34448	■Remove
			□Change
MGRM	Basil Green, Trustee of	15 Cypress Blvd.	
	the Basil Green Living Trust Dated January 24, 2008	Homosassa, Florida 34446	□Remove
		Change	
			Remove
			Change
			E CHRONE S
<del></del>			SSOF PA COMENTING COMENTS COME
			_
			□Change
	<del></del>		□Add
			□Remove
			C'hanna

						<del>_</del>	
	<del></del> -			- <del>-</del>			
							~>
							120
	<u>, , , , , , , , , , , , , , , , , , , </u>	_		<del></del>			4 <u>4</u>
						میٹر نے با این حیا	<del>-22-</del> :
						<u> </u>	
						स्ट स्ट	#:
						一言	30
						<u> </u>	
an effective <u>ote:</u> If th	e date is listed, the dat e date inserted in th	n the date of filing te must be specific and his block does not m the Department of S	l cannot be prior t neet the applica	o date of filing or		ifter filing.) Pursua	
record spo	cifies a delayed eff	fective date, but not	an effective tin	ne, at 12:01 a.m	on the earlier of	: (b) The 90th	day after th
Sept	ember		2020	_ ·			
ated		4//19		rized representati			

Filing Fee: \$25.00