

# L12000156 918

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### **COVER LETTER**

	Registration Se Division of Cor				
oun in a		evelopment Company, LLC			
SUBJEC	1:	Name of Limi	ted Liability Company		
The enclo	sed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please ret	urn all correspo	endence concerning this matter	to the following:		
		A. L. Buford, III			
			Name of Person	<del></del>	<del></del>
			Firm/Company		
		3420 Thomasville Road, So	atioe 200		
			Address		<del></del>
		Tallahassee Florida 32309			
			City/State and Zip Code		
		lewis@tlgproperty.com	to be used for future annual repo	ort notification)	
For furthe	er information c	oncerning this matter, please ca		,	
Lewis Bu	ıford		850 591-63 at ()		
	Name o	f Person	Area Code I	Daytime Telephone	Number
Enclosed	is a check for th	ne following amount:			
<b>■ \$</b> 25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed	d) C	50,00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Schooner Development Company, 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	y were filed on	and assigned
Florida document number	·		
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liab	bility company here:	
The new name must be distinguishable and contain the	words "Limited Liab	ility Company," the desig	nation "LI.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
(Principal office address MUST BE A STRE	ET ADDRESS)	_	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)	3520 Thomasville I	Road, Suite 200
-		Tallahassee Florida	32309
B. If amending the registered agent and/or agent and/or the new registered office addr	registered office ess here:	address on our reco	rds, enter the name of the new registered
Name of New Registered Agent:	A. L. Buford, 1	11	
New Registered Office Address:	3520 Thomasy	ille Road, Suite 200	
		Enter Florida	street address
	Tallahassee		, Florida 32309
		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 - ess of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member - Note of heart 50 s

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<u>Title</u>	Name	Address Address	Type of Action
AMBR	A. L. Buford, III	3520 Thomasville Road, Suite 200, Tall Fl. 32309	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		<del>-</del>	□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove

_	nding any other information, enter change(s) here: (Attach additional sheets of necessary.)  21 JUN 21 AP 9: 22
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D. CC and	6/17/2021
(If an eff	ve date, if other than the date of filing: (optional) (optional) ective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as th
docum	ent's effective date on the Department of State's records.
h	
ne recor ord is fil	I 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 ed.
Dated	Jue 17, 2021
	000.12
	47.5
	Signature of a member or authorized epresentative of a member
	A 1 R. Contra
	Typed or printed name of signee

Filing Fee: \$25.00