

L13000021636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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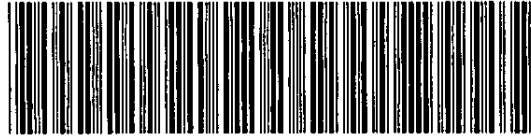
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

SEP 02 2015

Y SULKER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: New Shinnecock Properties, 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:

William Welker

Name of Person

Firm/Company

48 Seacape

Address

Palm Coast, FL 32137

City/State and Zip Code

oldmanwelker@gmail.com

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

For further information concerning this matter, please call:

Geoffrey Gold

203 966-5337

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

**TO
ARTICLES OF ORGANIZATION
OF**

New Shinnecock Properties, 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 February 11, 2013 and assigned
Florida document number L13000021636.

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)

48 Seascape

Palm Coast, FL 32137

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

48 Seascape

Palm Coast, FL 32137

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:

New Registered Office Address:

48 Seascape

Enter Florida street address

Palm Coast

Florida 32137

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William Welker	48 Seascape	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Geoffrey Gold	21 Brooks Rd.	<input type="checkbox"/> Add
		New Canaan, CT 06840	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Mark Doran	5 Berry Ct.	<input type="checkbox"/> Add
		Rye, NY 10580	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Steven Kovacs	556 Forest Ave.	<input type="checkbox"/> Add
		Rye, NY 10580	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Robert Erickson	22 Pitt Lane	<input type="checkbox"/> Add
		Palm Coast, FL 32164	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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	William Welker	48 Seascape	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32137	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Geoffrey Gold	21 Brooks Rd.	<input checked="" type="checkbox"/> Add
		New Canaan, CT 06840	<input type="checkbox"/> Remove
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MGR	Mark Doran	5 Berry Ct.	<input checked="" type="checkbox"/> Add
		Rye, NY 10580	<input type="checkbox"/> Remove
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		Rye, NY 10580	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Robert Erickson	22 Pitt Lane	<input checked="" type="checkbox"/> Add
		Palm Coast, FL 32164	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

The above persons are being removed as Managing Members (MGRM) and added as Manangers (MGR)

E. Effective date, if other than the date of filing: _____ (optional)

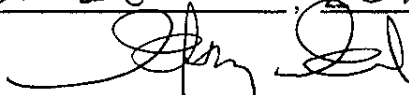
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record 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 record is filed.

Dated

August 28, 2015



Signature of a member or authorized representative of a member

Geoffrey Gold

Typed or printed name of signee