

K13000027160

(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

A. RIVERS

JAN 21 2022



300379097333

01/20/2022 01:13:00 \$55.00

FILED
2022 JAN 10 AM 10:41
CLERK OF STATE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocala Lifestyles, 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:

Conrad Melancon

Name of Person

Firm/Company

2555 Old River Road

Address

Fortson, GA 31808

City/State and Zip Code

Conrad@OcalaLifestyles.com

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

For further information concerning this matter, please call:

Conrad Melancon

352
at ()

208-4924

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 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**

Ocala Lifestyles, 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 02/21/2013 and assigned
Florida document number L13000027160.

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)

Ocala Lifestyles, LLC

9120 SW 91st Ter

Ocala, FL 34481

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Ocala Lifestyles, LLC

9120 SW 91st Ter

Ocala, FL 34481

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:

Conrad B. Melancon

New Registered Office Address:

9120 SW 91st Terr

Enter Florida street address

Ocala

City

Florida

34481

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>	<u>Type of Action</u>
MGR	Dania M. Melancon	2555 Old River Road	<input checked="" type="checkbox"/> Add
		Fortson, Ga 31808	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Conrad B. Melancon	2555 Old River Road	<input type="checkbox"/> Add
		Fortson, Ga 31808	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 6 January 2022

Signature of a member or authorized representative of a member

Dania M. Melancon

Typed or printed name of signee

Filing Fee: \$25.00