

L13000035613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

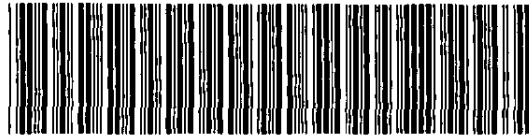
(Business Entity Name)

(Document Number)

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2013 MAR 14 PM 2:01
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

N. Colligan MAR 14 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CALHOUN WATERFRONT DEVELOPMENT 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:

CHRISTINE CLARK

Name of Person

Firm/Company

P.O. BOX 7066

Address

DESTIN FL 32540

City/State and Zip Code

CCLARK0315@gmail.com

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

For further information concerning this matter, please call:

CHRISTINE CLARK at 281 748 7508

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

850-245-6067
STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FEDEX

HIGHLIGHT
ATTN:

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
2013 MAR 14 PM 2:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CALHOUN WATERFRONT DEVELOPMENT 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 3/8/2013 and assigned
Florida document number L13000035613

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1150 AIRPORT ROAD UNIT 172
DESTIN FL 32541

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:

Enter Florida street address

Florida

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	Coyote Ridge LLC	305 PAUL BRYANT DRIVE EAST TUSCALOOSA, AL 35401	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Coyote Ridge Investments, LLC	305 PAUL BRYANT DRIVE EAST TUSCALOOSA, AL 35401	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	DANIEL P. Smith	133 CALHOUN AVENUE DESTIN FL 32541	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

(His name is added twice only need once)

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 3/11, 2013.



Signature of a member or authorized representative of a member

CHRISTOPHER H. CLARK

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA