

L13 000036085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

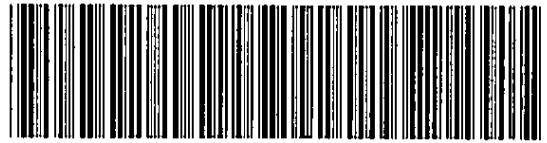
(Document Number)

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SECURITY  
CITIZENSHIP

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FINCH MANAGEMENT, 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:

JOHN W FINCH JR

Name of Person

FINCH MANAGEMENT LLC

Firm/Company

323 LYNN DRIVE

Address

SANTA ROSA BEACH, FL 32459

City/State and Zip Code

john@govetted.com

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

For further information concerning this matter, please call:

JOHN W FINCH JR

at (850)

699-2613

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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

FINCH MANAGEMENT, 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 MARCH 8, 2013 and assigned Florida document number L13000036085.

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)

323 LYNN DR  
SANTA ROSA BEACH  
FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

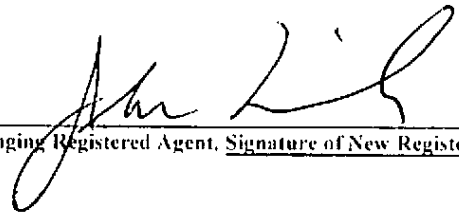
JOHN FINCH

New Registered Office Address:

323 LYNN DR  
Enter Florida street address  
Santa Rosa Beach Florida  
City Zip Code 32459

**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>
MGRM	KRISTEN L SUMMERELL	323 LYNN DRIVE	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	JOHN W FINCH JR	323 LYNN DRIVE	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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ORIDA

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

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CALLAHAN ASSOCIATES

E. Effective date, if other than the date of filing: MARCH 11, 2021 (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 MARCH 11 2021

Signature of a member

Signature of a member or authorized representative of a member

JOHN W FINCH JR

Typed or printed name of signee

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RECORDED & INDEXED  
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 07-18-2019 BY SP-6 BTJ/KJS

(Pursuant to 605 0207 (3)(b))