

L13000063153

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

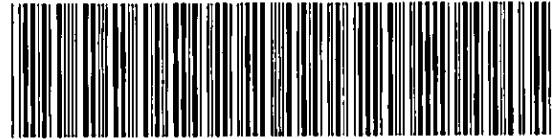
(Business Entity Name)

(Document Number)

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TALL OH DEPT. OF

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Marsh Oak 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:

Wesley Greer

Name of Person

Marsh Oak LLC

Firm/Company

229 Oceanforest Drive North

Address

Atlantic Beach, FL 32233

City/State and Zip Code

wes@bizbuysellnow.com

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

For further information concerning this matter, please call:

Wesley Greer

at (904) 476-5280

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

FILED
JAN 11 2 30 PM '08
TALLAHASSEE, FL
STATE OF FLORIDA
TALLAHASSEE, FL

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

Marsh Oak 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 4/30/2013 and assigned
Florida document number L13000063153.

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)

229 Oceanforest Drive North

Atlantic Beach, FL 32233

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:

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 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>
AMBR	Wesley Greer	229 Oceanforest Drive North	<input type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGRM	Maxwell M. Harrell	112 Jones Creek Drive	<input type="checkbox"/> Add
		St. Simons Island, GA 31522	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Phillis D. Harrell	112 Jones Creek Drive	<input type="checkbox"/> Add
		St. Simons Island, GA 31522	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Leslie Greer	229 Oceanforest Drive North	<input checked="" type="checkbox"/> Add
		Atlantic Beach, FL 32233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2023
 10/13/23
 10:00 AM
 ST. SIMONS ISLAND, GA

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

N/A

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 January 1, 2023



Signature of a member or authorized representative of a member

Wesley Greer, Member

Typed or printed name of signee

FILED
JAN 1 2023
STATE OF FLORIDA
TALLAHASSEE

FILED