

L13000085662

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

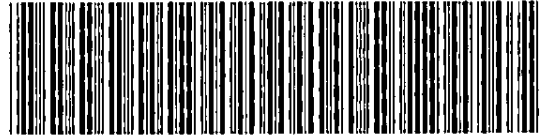
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COVER LETTER

**TO: Registration Section
Division of Corporations**

Grand Ballroom at Cathedral Place, LLC

SUBJECT: _____
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:

Meagan Austin

Name of Person

Beverage Law Institute Inc

Firm/Company

6995 Big Woods Dr

Address

Tallahassee, FL 32309

City/State and Zip Code

mglover@ameriforce.com

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

For further information concerning this matter, please call:

John Glover

904 424-9262

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Grand Ballroom at Cathedral Place, 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 6/13/2013 and assigned
Florida document number L13000085662.

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)

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:

Sidney S. Simmons PL

New Registered Office Address:

562 Park Street, Suite 300, Jacksonville, Florida 32204

Enter Florida street address

Jacksonville

City

Florida 32204

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.

Eleanor Simmons King

If Changing Registered Agent, Signature of New Registered Agent

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	John L. Arbizzani	142 King Street, Suite A	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Brenda Bushell	PO Box 3405	<input type="checkbox"/> Add
		Saint Augustine, FL 32085	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Glover	7077 Bonneval Road Suite 220	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32216	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lisa Boyd	7077 Bonneval Road Suite 220	<input checked="" type="checkbox"/> Add
		Jacksonville, Florida 32216	<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

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(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.

Eleanor Simmons King

Eleanor Simmons King

Typed or printed name of signee