L13000087123

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations

Grand Isle X 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:

Dennis Puckett Name of Person				
Firm/Company				
961 Hyacinth Dr.				
Address				
Delray Beach, FL 33483				
City/State and Zip Code				
dep77@live.com				
E-mail address: (to be used for future annual report notification)				

For further information concerning this matter, please call:

Dennis Puckett

404 272-0800

Name of Person

Area Code & Davtime 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)

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MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Grand Isle X LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record iability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Company Florida document number L13000087123	were filed on 6-17-13	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:	961 Hyacinth Dr.	
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach, FL 33483	
Enter new mailing address, if applicable:	961 Hyacinth Dr.	
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach, FL 33483	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent:		nter the name of the nev
New Registered Office Address:		•
	Enter Florida stre	et address
	, Flori	
	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

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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

<u>Title</u>	Name	Address	Type of Action
MGR	Tara Sandford	700 SANCTUARY DR.	Add
		BOCA RATON, FL 3343	1 Remove
MGR	Dennis E. Puckett	961 Hyacinth Dr.	Add
		Delray Beach, FL 33483	Remove
			
			Add
			Remove
	,		_
			Add
			Remove
			Add
		<u> </u>	CORD Remove
			_ Remove

eq:D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.D.	(Attach additional sheets, if necessary.)		
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September 19 2012			
Dated September 18 , 2013			
Jake Amellia	133		
Signature of a member or authorized representative of a member			
	Dennis E. Puckett		
Typed or printed	name of signee		

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Filing Fee: \$25.00