1/30000 89039

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	_
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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S. TALLENT FEB 04 2019

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Marga

COVER LETTER

	istration Sec ision of Corp			
SUBJECT:	Stare Seasid	e LLC		
		Name of Limi	ited Liability Company	
The enclosed	l Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		Cara Stare		
		-	Name of Person	
		Stare Seaside LLC		
		P. O. Box 820		
			Address	
		Plant City, Florida 33564-0	0820	
			City/State and Zip Code	1,22,2
		fireriver4ranch@gmail.com		
		E-mail address: (1	to be used for future annual report notifi	ication)
For further in	nformation co	oncerning this matter, please ca	all:	
Cara Stare			813 659-2601 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for th	e following amount:		
⊟ \$25.00 I	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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited I Florida document number L13000089039	Liability Company	were filed on JUNE 20, 2013	and assigned
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
FIRE RIVER 4 RANCH LLC			t .
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		515 E. KEYSVILLE ROAD	No. 5 mag
(Principal office address MUST BE A STRE	ET ADDRESS)	PLANT CITY, FLORIDA 33567	9 J#
			表
Enter new mailing address, if applicable:		P. O. BOX 820	S AH
(Mailing address MAY BE A POST OFFICE BOX)		PLANT CITY, FLORIDA 33564-0820	<u></u> 03
3. If amending the registered agent and registered agent and/or the new registered of New Registered Agent:			the name of th
New Registered Office Address:	515 E. KEYSV	ILLE ROAD	
		Enter Florida street address	
	PLANT CITY	, Florida ^{3.}	3567
		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 Mem	nber	

<u>Title</u>	Name	Address	Type of Action
			Add
			☐ Remove
			Change
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Add
		·	Remove
			Change
			☐ Remove
			Change
			Add
			Pemove
			Change

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				<u>-</u>
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ective date, if other than the date of filing	.		(optional)	
effective date is listed, the date must be specific and e: If the date inserted in this block does not n ument's effective date on the Department of S	cannot be prior to dat neet the applicable :	e of filing or more than 90	days after filing.) Pursuant	i to 605,020 be listed a
record specifies a delayed effective d ne 90th day after the record is filed.	late, but not an	effective time, at	12:01 a.m. on the	earlier d
JANUARY 23	2019 -			
,	7	12-7		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00