L170000 84185

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Busir	ness Entity Nam	ne)
(Docu	ment Number)	
Certified Copies	Certificates	of Status
Special Instructions to Fil	ing Officer:	

Office Use Only



800267699458

01/12/15--01006--026 **25.00

15 JAN 12 AM 8: 30
SECRETARY OF STATE
TALLAHASSEL I LORID.

J. Shivers JAN 23 2015

COVER LETTER

TO: Registration Division of C	Section Corporations		
SUBJECT:	Rector Rene Name of Lim	vations 11C	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Lastic	2 E Rector Name of Person	
		Name of Person	
	Rec:	toe Renevations Firm/Company	Uc
•	·	Firm/Company	
	/ 21	e1.1/a	
		Scahills Address	
	Destin	FL 32541	
	E-mail address: (City/State and Zip Code CLAS BOOL. Cor to be used for future annual report noti	ication)
For further information	n concerning this matter, please c		
Leslie	E Rectar	at (678) 365	- 5900 e Telephone Number
		, med State Stayinin	
Enclosed is a check for	or 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/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 Limited Liability Company as it re (A Florida Limited Liability Company)	iow appears on our records.)	·		
(A Florida Limited Liability C	Companyi			
The Articles of Organization for this Limited Liability Company were fil	led on <u>4-20-13</u>	an	d assi	gned
Florida document number <u> </u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability con	npany here:			
he new name must be distinguishable and end with the words "Limited Liability Com	pany," the designation "LLC" or th	e abbreviai	tion "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)				
				,
To amounting the neglectored agent and/on resistanced affice ad	lduoco on our roscudo onte	metho ne	0 8 00 4	of the
		<u>, i , int , ii</u>	<u> </u>	<u> </u>
 If amending the registered agent and/or registered office ad egistered agent and/or the new registered office address here: 	dress on our records, eme			
	aress on our records, eme		٦L	,
egistered agent and/or the new registered office address here:	dress on our records, <u>ente</u>	ECRETA	JAN I	; ; ; ;
egistered agent and/or the new registered office address here: Name of New Registered Agent:	diress on our records, eme	ECRETARY LLAHASSE	JAN 12	e promp
egistered agent and/or the new registered office address here:		ECRETARY OF	JAN 12 AM	directs of the second
egistered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	ECRETARY OF S	JAN 12 AM 8:	g paraged of the para
egistered agent and/or the new registered office address here: Name of New Registered Agent:	Enter Florida street address	ECRE IMET OF STATE	12 MH 8: 3	u paneda dependent dependent de de de de de de de de de de de de de

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>AMBR</u>	Roy Q Rector	503 2nd Ave, Destin,	FL DYAdd
			Remove
			D Add
			Remove
		·	□ Remove
			SET Refliove
			2 AL CONTROL OR CONTRO
			Remove
			Add
			Remove

	· · · · · · · · · · · · · · · · · · ·
he effective date must be specific, cannot	late of filing: (optional) t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)
The effective date must be specific, cannot the date this document is filed by the Flor	t be prior to date of receipt or filed date and cannot be more than 90 days after
Effective date, if other than the d The effective date must be specific, cannot the date this document is filed by the Flor Dated	t be prior to date of receipt or filed date and cannot be more than 90 days after
The effective date must be specific, cannot the date this document is filed by the Flor Dated	t be prior to date of receipt or filed date and cannot be more than 90 days after ida Department of State)
The effective date must be specific, cannot the date this document is filed by the Flor Dated	t be prior to date of receipt or filed date and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE