

L130000131050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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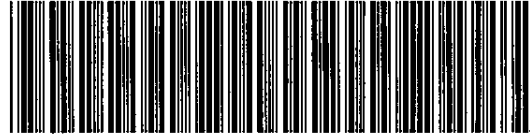
(Business Entity Name)

(Document Number)

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2015 JAN -8 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC / Amend
@ 1/20/15

DANIEL J. WEBSTER, P.A.

Attorney at Law

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Legal Assistants:
Christa Edwards, Ext. 332
Tracey A. Dark, Ext. 333

January 2, 2015

Division of Corporations
State of Florida
Post Office Box 6327
Tallahassee, FL 32314

Re: Palm View of Ponce Inlet, LLC
Document No.: L13000131050

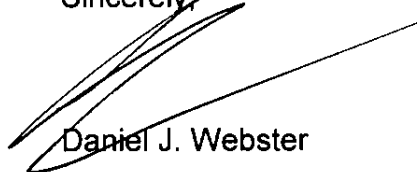
Dear Sir or Madam:

Please find enclosed the original Articles of Amendment to Articles of Organization of Palm View of Ponce Inlet, LLC along with our check in the amount of \$25.00 to cover the fee. Please provide confirmation to our office that this Amendment has been filed in the enclosed self-addressed stamped envelope.

Thank you for your assistance in this matter. Should you have any questions, please do not hesitate to contact my office.

With kind regards,

Sincerely,



Daniel J. Webster

DJW:cle
Enclosures
C: John Phillips

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

Palm View of Ponce Inlet, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 9/17/2013 and assigned
Florida document number L13000131050.

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 end with 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)

18A Oriole Circle

Ormond Beach, Florida 32176

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

City

, Florida

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 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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|-------------------------------------|--|
| MGR | Darvin Johns | 4650 Links Village Drive, Unit D306 | <input type="checkbox"/> Add |
| | | Ponce Inlet, Florida 32127 | <input checked="" type="checkbox"/> Remove |
| MGR | Rosalee Johns | 4650 Links Village Drive, Unit D306 | <input type="checkbox"/> Add |
| | | Ponce Inlet, Florida 32127 | <input checked="" type="checkbox"/> Remove |
| MGR | John Phillips | 18A Oriole Circle | <input checked="" type="checkbox"/> Add |
| | | Ormond Beach, Florida 32176 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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| | | | <input type="checkbox"/> Remove |

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

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Dec 30, 2014



Signature of a member or authorized representative of a member

John Phillips

Typed or printed name of signee