

L13000156647

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

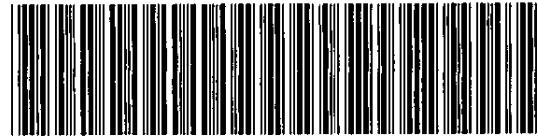
(Business Entity Name)

(Document Number)

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11/12/14--01008--005 **25.00

NOV 19 2014

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

StayAmelia, 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:

Clayton Brewer

Name of Person

StayAmelia, LLC

Firm/Company

96608 Grande Oaks Ln

Address

Fernandina Beach, FL 32034

City/State and Zip Code

info@stayamelia.com

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

For further information concerning this matter, please call:

Clay Brewer

904

5563646

at (_____) _____

Name of Person

Area Code

Daytime 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)

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

**TO
ARTICLES OF ORGANIZATION
OF**

StayAmelia, 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 11/07/2013 and assigned
Florida document number L13000156647

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Stay4Vacation Rentals, LLC

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)

96608 Grande Oaks Ln

Fernandina Beach, FL 32034

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:

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

Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

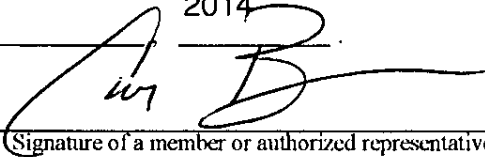
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Kelly Brewer	96608 Grande Oaks Ln	<input checked="" type="checkbox"/> Add
		Fernandina Beach Fl 32034	<input type="checkbox"/> Remove
AMBR	Sandy Brewer	1601 Inlet Ave	<input checked="" type="checkbox"/> Add
		Tybee Island, GA 32034	<input type="checkbox"/> Remove
AMBR	Charles Brewer	1601 Inlet Ave	<input checked="" type="checkbox"/> Add
		Tybee Island, GA 31328	<input type="checkbox"/> Remove
MGR	Clayton Brewer	96608 Grande Oaks Ln	<input checked="" type="checkbox"/> Add
		Fernandina Beach, Fl 32034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 Nov 6th

2014



(Signature of a member or authorized representative of a member)

Clayton Brewer

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00