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S. WARREN NOV 08 2017

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5 Fraub Enterprise of Dostin 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:
Dane Straub Name of Person
Straub Enterprise of Destin LLC Firm/Company
3871 Indian Trail 6G
Destin, FL 32541 City/State and Zip Code
Canaw m 150+destin, com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Dane Straub Name of Person at (850) 460-2077 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & \Bigcup \\$55.00 Filing Fee & \Bigcup \\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) \$\Bigcup \\$25.00 Filing Fee & \Bigcup \\$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

The Articles of Organization for this Limited Liability Company were filed on 12/31/2013 Florida document number <u>L 13</u>0001107851 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 contain 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) 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: City 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. Orgifthis accument 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

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Legal Zoom		🖸 Add
		9900 Spectrum Dr. Austin TX 78717	Remove
			Change
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D. If amendin	g any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
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Note: If the document's	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior to date of filing at date inserted in this block does not meet the applicable statutory effective date on the Department of State's records. specifies a delayed effective date, but not an effecti	filing requirements, this date will not be listed as the
	h day after the record is filed.	To time, at 12.01 and on the dame. On
Dated	103 - November 2, 2017.	
	Signature of a member or authorized represent	tative of a member
·	Dane K. Strawb Typed or printed name of sign	FILE IAW IASSE
	· · · · · · · · · · · · · · · · · · ·	STATE FLORIDA

Filing Fee: \$25.00

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