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# **COVER LETTER**

TO: Registration So Division of Con				
GUD IFAT	Guana P	artners, LLC		
SUBJECT:		nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Holly R. Hel	sel		
		Name of Person		
	Guana Parti	ners, LLC		
		Firm/Company		
	4738 Casa (	Cola Way		
	•	Address		
	St. Augustin	e Florida 32095		
		City/State and Zip Code		
		guanamarinavillage.com	· -	
For further information of	oncerning this matter, please c	•	24	ener 4
Holly R. He	elsel	at (305) 396-902		Carles of the Control
Name o	f Person	Area Code Daytime Te	lephone Number	Constant
Enclosed is a check for the	ne 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

Guan	a Partners, LLC	
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records.) Limited Liability Company)	)
The Articles of Organization for this Limited Liability Conference of Organization for this Limited Liability Conference of Conf	and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2
(Principal office address MUST BE A STREET ADDR	ESS)	25 275
		LO Emana M mana
		SEC 7 171
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		05 T
		ुं ज
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		enter the name of the new
Name of New Registered Agent:		****
New Registered Office Address:		
	Enter Florida street address	
	, Flori	
	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 the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	Address	Type of Action
Mgr	Holly R. Helsel	30 Kaywood Place	Add
		Palm Coast, FL 32164	□ Remove
Mgr	Brandy R. Bass-Haffner	131 N PALMETTO AVE	 <b></b> <b></b> _ ■ Add
		FLAGLER BEACH, FL 3213	B6_□ Remove
			Add
			Add Remove

If amend	ling any other information, en	ter change(s) here: (Attach addit	ional sheets, if necessary.)
<del>,-</del>			
			, , , , , , , , , , , , , , , , , , ,
(The effecti	date, if other than the date of we date must be specific, cannot be prio is document is filed by the Florida Dep	r to date of receipt or filed date and cannot	(optional) be more than 90 days after
Dated	March 19	2014	
	Bussel		
	Signature	of a member or authorized representative	e of a member
	President, GUANA M	ARINA MANAGEMENT,	INC. Managing member
		Typed or printed name of signee	

Filing Fee: \$25.00

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