

L17 000178780

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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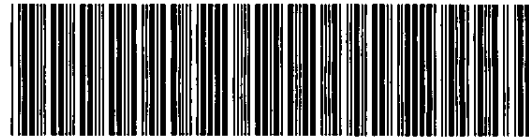
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

DEC 18 2014

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December 11, 2014

Registration Section
Division of Corporations
Department of State
P. O. Box 6327
Tallahassee, Florida 32314

Re: Turtle Cove Properties, LLC

Dear Sir:

Enclosed please find an original and one conformed copy of the Articles of Amendment to Articles of Organization for the above named limited liability corporation. I would appreciate your filing the original with your office and returning the conformed copy with your Certificate attached together with the Certificate of Status to this office.

I am also enclosing our check in the amount of \$60.00 covering the following:

Filing Fee	\$25.00
Certified Copy	30.00
Certificate of Status	5.00

Thank you for your consideration in this matter.

Sincerely,

George G. Collins, Jr.
George G. Collins, Jr.
For the Firm

GGC, JR./mja
Enclosures

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

TURTLE COVE PROPERTIES, 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 December 31, 2013 and assigned Florida document number L13000178380.

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) _____

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

_____, Florida
City

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TALLAHASSEE, FLORIDA

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>
MGRM	Long, William J., Jr.	6161 Windmill Court	<input type="checkbox"/> Add
		Saline, MI 48176	<input checked="" type="checkbox"/> Remove
MGRM	Gilbert, Robert T.	1130 Amethyst Drive SW	<input type="checkbox"/> Add
		Vero Beach, FL 32968	<input checked="" type="checkbox"/> Remove
MGR	Long, William J., Jr.	6161 Windmill Court	<input checked="" type="checkbox"/> Add
		Saline, MI 48176	<input type="checkbox"/> Remove
MGR	Gilbert, Robert T.	1130 Amethyst Drive SW	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32968	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 _____, _____.

Robert T. Gilbert

Signature of a member or authorized representative of a member

Robert T. Gilbert

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

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