

L14 000011376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

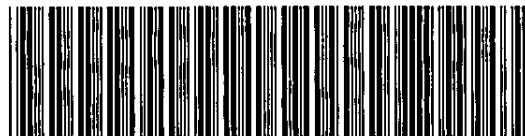
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 17 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Spyglass Beach Services 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:

MATTHEW WEBSTER  
Name of Person

Firm/Company

167 BOTANY BLVD  
Address

SANTA ROSA BEACH, FL 32459  
City/State and Zip Code

WEBSTERFLOORING@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MATT WEBSTER at ( 850 ) 974-2286  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Spyglass Beach Service, 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 Jan 22, 2014 and assigned Florida document number L14000011376.

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)

MATTHEW WEBSTER

167 BOTANY BLVD

SANTA ROSA BEACH FL 32459

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

MATTHEW WEBSTER

167 BOTANY BLVD

SANTA ROSA BEACH FL 32459

**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:

MATTHEW WEBSTER

New Registered Office Address:

167 BOTANY BLVD

Enter Florida street address

SANTA ROSA BEACH

City

, Florida

14 DEC 11 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
32459

**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.

Matthew Webster

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>
MGR	Steven J Burnett	16 Sandestin Estates	<input type="checkbox"/> Add
		Destin, FL 32550	<input checked="" type="checkbox"/> Remove
AMBR	Chris Pierce	33 Raymond Circle	<input checked="" type="checkbox"/> Add
		San Rosa Beach, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt, and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/12/14, \_\_\_\_\_.

Matthew Webb  
Signature of a member or authorized representative of a member

MATTHEW WEBB  
Typed or printed name of signee

Page 3 of 3  
Filing Fee: \$25.00

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