

L 14000012766

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
Fax Number : (904) 567-1066

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ingallsjw@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NORTH GUANA OUTPOST, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

2022 JAN -3 AM 11:36

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Guana Outpost, 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:

Kendal Schoepfer

Name of Person

RezLegal, LLC

Firm/Company

816 A1A North, Suite 204

Address

Ponte Vedra Beach, Florida 32082

City/State and Zip Code

ingallsjw@gmail.com

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

For further information concerning this matter, please call:

Kendal Schoepfer

at (904) 638-1085
Area Code Daytime Telephone Number

Name of Person

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

North Guana Outpost, 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 January 23, 2014 and assigned
Florida document number L14000012766.

This amendment is submitted to amend the following:

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

Guana Crossroads, LLC

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)

117 Aspen Leaf Drive

Ponte Vedra, Florida 32081

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

117 Aspen Leaf Drive

Ponte Vedra, Florida 32081

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:

Gail H. Ingalls

New Registered Office Address:

117 Aspen Leaf Drive

Enter Florida street address

Ponte Vedra

Florida 32081

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. 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.

DocuSigned by:

Gail H. Ingalls

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If Changing Registered Agent, Signature of New Registered Agent

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Authorized Member	James Weatherford Ingalls	4415 Mickler Road	<input type="checkbox"/> Add
		Ponte Vedra Beach, Florida 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President and Manager	Gail H. Ingalls	4415 Mickler Road	<input type="checkbox"/> Add
		Ponte Vedra Beach, Florida 32082	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
President, Treasurer and Manager	James W. Ingalls	117 Aspen Leaf Drive	<input checked="" type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Secretary	Gail H. Ingalls	117 Aspen Leaf Drive	<input checked="" type="checkbox"/> Add
		Ponte Vedra, Florida 32081	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 12/30/2021 _____

Doc. Signed by
Gail H. Ingalls

Signature of a member or authorized representative of a member

Gail H. Ingalls

Typed or printed name of signee

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA
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