14000030420

| (Re | equestor's Name) |) |
|-------------------------|-------------------|-------------|
| (Ac | ddress) | |
| (Ad | idress) | |
| (Cit | ty/State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Na | me) |
| (Do | ocument Number |) |
| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



000335501120

10/21/19--01024--017 **25.00

ZOUS COT 21 PM S: 45
SECRETARIST FLORID.

Y SULKER NOV 0 8 2019

COVER LETTER

| TO: Registration So Division of Co | | . | |
|---------------------------------------|---|---|---|
| | IARES, LLC | | |
| SUBJECT: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | AMY MARIE VO. ESQ. | | |
| | | Name of Person | |
| | ST. JOHNS LAW GROUP | | |
| | | Firm/Company | |
| | Firm/Company 104 SEA GROVE MAIN STREET Address ST. AUGUSTINE, FLORIDA 32080 City/State and Zip Code | | |
| | <u> </u> | Address | |
| | ST. AUGUSTINE, FLOR | DA 32080 | |
| | | | |
| | AVO@SJLAWGROUP.CC | DM to be used for future annual report notifi | |
| | | | (canon) |
| For further information c | concerning this matter, please er | HI: | |
| AMY MARIE VO | | 904 495-0400 | |
| Name c | of Person | at () Area Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |
| | ING ADDRESS: | STREET/COURIE | CR ADDRESS: |

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, F1, 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 1723 COMARES, LLC | | |
|---|--|---|
| (Name of the Limited | Liability Company as it now appears or Florida Limited Liability Company) | our records.) |
| The Articles of Organization for this Limited Liab Florida document number $\frac{1.14000030420}{1.000030420}$ | bility Company were filed on FEBR | UARY 21, 2014 and assigned |
| This amendment is submitted to amend the follow | ving: | |
| A. If amending name, enter the new name of t | he limited liability company here: | |
| The new name must be distinguishable and contain the wor | ds "Limited Liability Company," the desig | nation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicat | ble: | |
| (Principal office address MUST BE A STREET | ADDRESS) | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Book) B. If amending the registered agent and/or registered agent and/or the new registered office. | r registered office address on o | ur records, enter the name of the |
| Name of New Registered Agent: | SETH D. COUNEAL | , ESO. |
| New Registered Office Address: | 509 AMSTASIA BL' | |
| | ST. AUGUSTINE | |
| | 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 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> | Type of Action |
|--------------|--|---|----------------|
| MGR | CALHOUN FAMILY INVESTMENTS LLC | 3900 E. VILLA WAY | |
| | | SPRINGFIELD, MO 65809 | ■ Remove |
| | | | □ Change |
| MGR | JOHN A. CALHOUN | 20 FIDDLESTIARS TRAIL | ■ Add |
| | | KOBERS, ARK 72728 | 🗆 Remove |
| | | | Change |
| MGR | JOHN F. YOUNGBLOOD REVOCABLE TRUST | 5744 CASTLEBAY DRIVE | |
| | | SPRINGFIELD, MO 65809 | ■ Remove |
| | | | □ Change |
| MGR | JOHN F, YOUNGBLOOD | 5744 CASTLEBAY DRIVE | Add |
| | 4-14-14-14-14-14-14-14-14-14-14-14-14-14 | SPRINGFIELD, MO 65809 | ☐ Remove |
| | | <u> </u> | |
| MGR_ | Corter Water, LLC | 912 Ocean Palm way St. Augustia, FL, 32080 | D Add |
| | | | □ Remove |
| | | | Change |
| | | | O Add |
| | | | □ Remove |
| | | | □ Chance |

| | | | | | | | |
|---|--|---|--|---|-------------------|---|---|
| | | | | - | _ | | |
| | | | | | | <u> </u> | |
| | | | | | | | |
| | | | | . <u>.</u> | | | |
| | | | <u>. </u> | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | <u> </u> | | | | |
| | | | | | | | |
| | | | | | | · <u> </u> | |
| | | | | | | <u></u> | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| It an effective da <u>Note:</u> If the d | e, if other than ite is listed, the date late inserted in the Yective date on the | e must be specific iis block does no | and cannot be part meet the app | rior to date of filin dicable statutor | g or more than 90 | (optional) days after filing.) P sents, this date wi | ursuant to 605,020 II not be listed a: |
| | pecifies a dela day after the | | | not an effect | live time, at | 12:01 a.m. or | the earlier o |
| Suc. of | 10. | -14 | 2019 | | | | |
| Dated | | | | | • | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00