14000068896

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THE STATE

COVER LETTER

Division of Corp	porations			
297 DCB 13	306 LLC			
SUBJECT: Name of Limited Liability Company				
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing		
Please return all correspoi	ndence concerning this matter	to the following:		
	CRAIG K. PETERSON			
		Name of Person		
		Firm/Company		
	2498 EMERALD WAY N	1		
		Address		
	DEERFIELD BEACH, FL	. 33442		
	CKPCPA@AOL.COM	City/State and Zip Code		
	E-mail address: (to be used for future annual report notifi	ication)	
For further information co	oncerning this matter, please c	all:		
CRAIG K. PETERSON		954 683-6603		
Name of	f Person		Telephone Number	
Enclosed is a check for th	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		Street Address:		
Registration S Division of Co		Registration Section Division of Corporations		
D.O. D 622		The Court of Corp		

P.O. Box 6327 Tallahassee, FL 32314

Registration Section

TO:

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

297 DCB 1306 LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(it i kin	Company,	
The Articles of Organization for this Limited Liability	Company were filed on 4/28/2014	and assigned
Florida document number L14000068896	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
DEER CREEK CONDOS LLC		
The new name must be distinguishable and contain the words "Lit	nited Liability Company," the designation "I	.E.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
	·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		·
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		
New Registered Office Address:		dress -
	Enter Florida street add	dress = Z
	,	Florida 🔑 💍
	City	Zip Chale
New Registered Agent's Signature, if changing Register	ed Agent:	်တ္ပ 🙃 🗀
I hereby accept the appointment as registered agen- provisions of all statutes relative to the proper and accept the obligations of my position as registered a being filed to merely reflect a change in the register company has been notified in writing of this change	complete performance of my duties agent as provided for in Chapter 60 red office address, I hereby confirm	, and I am familliar with and 15, F.S. Or, if this document is
	If Changing Registered Agent, Signatu	re 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>	Name	Address	Type of Action
			□ Add
			Remove
			□Change
			□Add
			□Remove
			□ Change
			DAdd
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

z. amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
	
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-	
 -	
(If an effective date is Note: 1f the date	f other than the date of filing:
the record specifies cord is filed.	a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated NOVEME	BER 12 2021
- · ·	Signature of a member or authorized representative of a member
CRAI	G K. PETERSON Typed or printed name of signee

Filing Fee: \$25.00