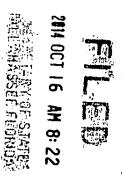
214000084511

(Re	equestor's Name)	
(Ad	ldress)	
(Ac	dress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
	Office Use On	ly 🤸



900265415589

10/16/14--01023--005 **30.00



CCT 21 2016 U. BRUCE

COVER LETFER

TO:

Registration Section
Division of Corporations

ຼຸ South Walton Outdoor, LLC

UBJECT:

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:

Dennis Graham

Name of Person

South Walton Outdoor

Firm/Company

PO Box 6255

Address

Miramar Beach, FL 32550

City/State and Zip Code

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

For further information concerning this matter, please call:

Dennis Graham

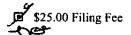
850 461-8003

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$30.00 Filing Fee & Certificate of Status

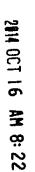
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

South Walton Outdoor		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparing L14000084511		gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability 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	2	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 6255 S Miramar Beach, FL 32550	
B. If amending the registered agent and/or registered	office address on our records, enter the name of	of the nev
registered agent and/or the new registered office address l	here:	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	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 the Managers or Authorized Member on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Mitchell Bryan	40B Jacksons Run	🖸 Add
		Santa Rosa Beach, FL 32549	■ Remove
AMBR	Nancy Olivotti	40B Jacksons Run	
		Santa Rosa Beach, FL 32459	Remove
			□ Add
			Addy OC Rembve
		· · · · · · · · · · · · · · · · · · ·	Remove
			Add

٠.,

. ^.

f amending any other information, enter change(s) here: (Attach add	utonat sneets, ij necessary.)
, , ,	
	·
	······································
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed date and cannot the date this document is filed by the Florida Department of State)	(optional) ot be more than 90 days after
October 10 2014	
Dated October 10 , 2014	
Danner Counciti	
Signature of a member or authorized representat	ive of a member
Nancy Olivotti	
Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00 4 30.00

