

L14000 110279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

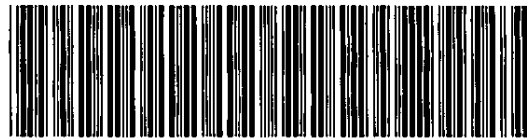
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100263637041

09/19/14--01017--002 \*\*55.00

25.00

FILED  
14 SEP 19 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

SEP 25 2014  
T. HAMPTON

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FEET IN THE SAND BEACH RENTALS, 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:

**KRISTEN WILLIAMS**

Name of Person

**FEET IN THE SAND BEACH RENTALS, LLC**

Firm/Company

**P.O. BOX 19211**

Address

**PANAMA CITY BEACH, FL 32417**

City/State and Zip Code

**kmw.fitsbchrentals@gmail.com**

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

For further information concerning this matter, please call:

**KRISTEN WILLIAMS**

Name of Person

**850 819-2308**

at ( )  
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**

**FEET IN THE SAND BEACH RENTALS, 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 JULY 11, 2014

Florida document number L14000110279

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)**

285A SUKOSHI DRIVE

CALLAWAY, FL 32404

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

P.O. BOX 19211

PANAMA CITY BEACH, FL 32417

**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:

KRISTEN WILLIAMS

New Registered Office Address:

285A SUKOSHI DRIVE

*Enter Florida street address*

CALLAWAY

*City*

, Florida 32404

*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.*

*Kristen Williams Managing Member*  
**If Changing Registered Agent, Signature of New Registered Agent**

FILED  
14 SEP 19 PM 10:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or 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	DOUGLAS B. MASSINGER	3039 E. 12TH STREET	<input type="checkbox"/> Add
		LYNN HAVEN, FL 32444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

16 SEP 49 PM 12:10  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Change of Address for both Kristen Williams and Daniella Pouncey

New Address:


P.O. Box 19211

Panama City Beach, FL 32417

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated September 5, 2014

 *Managing Member*

Signature of a member or authorized representative of a member

Kristen Williams

Typed or printed name of signer

FILED  
14 SEP 19 PM 12:10  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA