

L14 000 116 669

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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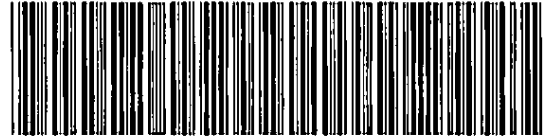
(Business Entity Name)

(Document Number)

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S. YOUNG

2020 JUN 29 AM 6:50

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Rain River Ocean 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:

Linda Drape

Name of Person

Rain River Ocean LLC

Firm/Company

PO Box 42

Address

Brunswick, GA 31521

City/State and Zip Code

lmignea16@hotmail.com

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

For further information concerning this matter, please call:

Linda Drape

Name of Person

at 941, 875 4048

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 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**

Rain River Ocean 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 24, 2014 and assigned
Florida document number L14000116689

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 42
Brunswick, GA 31521

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:

Linda ~~Mignone~~ Drape

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 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>
MGR	Linda Drape	P.O. Box 42, Brunswick, GA 31521	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Linda A Migneault		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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)

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.

Typed or printed name of signee

Filing Fee: \$25.00

APPLICATION FOR MARRIAGE LICENSE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
"VITAL RECORDS SERVICE"

COUNTY OF GLYNN

COUNTY NO. A20-00226

PERSONAL PARTICULARS	CONTRACTING PARTIES					
	Applicant 1			Applicant 2		
1. FULL NAME	Peter David Drape			Linda Ann Migneault		
2. RESIDENCE: STREET ADDRESS	1103 3rd Avenue Brunswick GA 31520			1103 3rd Avenue Brunswick GA 31520		
CITY	Brunswick	IN CITY LIMITS YES		Brunswick	IN CITY LIMITS YES	
COUNTY AND STATE	Glynn, GA			Glynn, GA		
3. AGE LAST BIRTHDAY DATE OF BIRTH AND RACE	AGE 70	DATE OF BIRTH 08/26/1949	RACE-SPECIFY White	AGE 69	DATE OF BIRTH 06/21/1950	RACE-SPECIFY White
4. BIRTHPLACE	Central Falls, Rhode Island			Taunton, Massachusetts		
5. RELATIONSHIP	None			None		
6. USUAL OCCUPATION (OPTIONAL)	Retired			Retired		
7. DESIGNATED SURNAME	Drape			Drape		
8A. NUMBER OF PREVIOUS MARRIAGES	3			1		
8B. IF PREVIOUSLY MARRIED HOW DISSOLVED	Divorce			Divorce		
8C. UPON WHAT GROUNDS	Uncontested			Uncontested		
8D. WHEN AND WHERE	San Juan Co., WA- 11/05/2014			Merrimack Co., NH- 06/09/1995		
9. ANY LEGAL IMPEDIMENT	N			N		
10. FATHER'S NAME	William Henry Drape			Norman Peter Hearn		
11. FATHER'S BIRTHPLACE	Pawtucket, Rhode Island			Attleboro, Massachusetts		
12. MOTHER'S MAIDEN NAME	Louise Poulin			Doris Beauvais		
13. MOTHER'S BIRTHPLACE	Pawtucket, Rhode Island			Pawtucket, Rhode Island		
14. PARENT'S RESIDENCE	Deceased Deceased			Deceased Deceased		
15. DATE AND PLACE OF CONTEMPLATED MARRIAGE	04/02/2020			Glynn		

Have you completed Premarital Education Pursuant to Code Section 19-3- 30.1? Yes ☐ No ☒ (If Yes, attach certificate)

I HEREBY CERTIFY THAT THE FOREGOING ANSWERS WERE MADE
UNDER OATH AND SUBSCRIBED BEFORE ME BY BOTH OF THE
CONTRACTING PARTIES.

I HEREBY CERTIFY THAT I HAVE RECEIVED THE DHR AIDS
BROCHURE AND LIST OF TEST SITES.

THIS 2nd DAY OF April 20 2020
Elizabeth C. Reeves Dep. Clerk
Signature of Probate Judge

APPLICANT [Signature]
APPLICANT [Signature]

THE PROBATE COURT OF GLYNN COUNTY GA
I CERTIFY THAT THIS IS A TRUE COPY OF THE
ORIGINAL RECORDED IN THE RECORDS OF
THE ABOVE CAPTIONED COURT.

THIS 2nd DAY OF April 2020

Elizabeth C. Reeves Dep. Clerk
JUDGE EX-OFFICIO CLERK OF SAID COURT

Georgia Department of Human Resources

VITAL RECORDS UNIT

COUNTY NO. 2124

Marriage License

STATE OF GEORGIA COUNTY OF GLYNN

To clergy, or any other person authorized to solemnize: You are hereby authorized and permitted to join in the Holy State of Matrimony

Peter David Drape

and

Linda Ann Migneault

according to The Constitution and Laws of this State, and for doing so this shall be your sufficient license.

Given Under My Hand and Seal on this the 2nd day of April, 2020

Elizabeth C. Reeves, Dep. Ct. Clerk Probate Judge

I hereby Certify, That Peter David Drape and Linda Ann Migneault were joined together in the Holy State of Matrimony on this the 2nd day of April, 2020 by me in the City of Brunswick County of Glynn, Georgia.

Recorded April 02, 2020

Signature
of Officiant

Debra Godwin Duncan

Book 1/20 Page C20-11908

Scanned Image on File

Debra Godwin Duncan, Probate Court
Printed Name and Title

Elizabeth C. Reeves, Dep. Ct. Clerk Probate Judge

Address Brunswick, GA 31520

Officiant Must Provide a Legible Signature on all copies. Return to Probate Judge Immediately After Performing Ceremony.
THE PROBATE COURT FOR GLYNN COUNTY, GA
I CERTIFY THAT THIS IS A TRUE COPY OF THE
ORIGINAL RECORDED IN THE RECORDS OF
THE ABOVE NAMED COURT.

THIS 2nd DAY OF April, 2020

Elizabeth C. Reeves, Dep. Ct. Clerk
JUDGE EX-OFFICIO CLERK OF SAID COURT