9/19/23, 10.07 AM

Delision of Corporations

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Division of Corporations

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Account Name : LEGALING CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)385-0178 Fak Number : (214)317-4754

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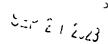
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GULF FRONT RENTALS, LLC

Certificate of Status	0
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TO:

COVER LETTER

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Enclosed	is a check for th	ne following amount.		
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Tallahussee, FL 32314

Cliffon Building 2661 Executive Center Circle

Tallahassee, FL 32301

Τo

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Limited Liability Compa</u> (À Fiorida Limited)	ny as it now appears an our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company	were filed on 09/22/2014	and assigned
torida document number L14000147818		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
ne new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "ELC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:	12011 Front Beach Rd. 9904	73
Principal office address MUST BE A STREET ADDRESS)	Panama City Beach, FL 32407	
		* ~ ~ ~ ~
nter new mailing address, if applicable:	1552 Little Leaf Way	
failing address MAY BE A POST OFFICE BOX)	Notensville, TN 37135	<u></u>
		····
. If amending the registered agent and/or registered of gistered agent and/or the new registered office address here		r the name of th
Name of New Registered Agent:		
New Registered Office Address:		
	Emer Florida sireet address	
and the said		
	, Florida _	Zip Code

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>	Name	Address	Type of Action
AMBR	Alisa Lassiter		<u>,</u> □ Add
			☐ Remove
		1552 Little Leaf Way Nolensville, TN 37135	
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Page 3 of 3

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