## L14000/48886

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T. HAMPTON

## **COVER LETTER**

	ision of Corpor		-		
SUBJECT:	PETIT DINI	ER 14, LLC			
SUBJECT.		Name of Limite	ed Liability Company		
The enclosed	d Articles of Am	endment and fee(s) are subm	itted for filing.		
Please return	all corresponde	ence concerning this matter to	the following:		
		David B. Pleat, Esq.			
			Name of Person		
		Pleat, Perry & Ritchie	, P.A.		
			Firm/Company		
		4477 Legendary Driv	e, Suite 202		
			Address		
		Destin, FL 32541			
		the read @placetners of	City/State and Zip Code		
	_	theresa@pleatperry.co E-mail address: (to	be used for future unnual rep	ort notification)	
For further i	nformation conc	erning this matter, please cal	1:		
David B.	Pleat, Esq.		at ( )	0599	
	Name of Pe	erson	Area Code	Daytime Telephone Number	
Enclosed is	a check for the f	ollowing amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certificate of Certified Cop (additional copy	Status &

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**

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		_				1 T		-

(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 Liabili	ty Company were filed on Septe	mber 23, 2014 and assigned
Florida document number L14000148886	,	
This amendment is submitted to amend the followin	g:	
A. If amending name, enter the new name of the	limited liability company here:	
N/A		
The new name must be distinguishable and end with the words	s "Limited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	: N/A	
(Principal office address MUST BE A STREET A)	DDRESS)	TAL SE
	- 11 <del>-11</del>	5 0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		SS - I
Enter new mailing address, if applicable:	N/A	FRO P III
(Mailing address MAY BE A POST OFFICE BOX	2	= v v <b>U</b>
		DATE PRIOR
		3>
B. If amending the registered agent and/or r registered agent and/or the new registered office		records, enter the name of the new
	······································	
Name of New Registered Agent:	/A	
New Registered Office Address:	•	
New Registered Office Address.	Enter Florida str	reet address
		, Florida
_	City	Zip Code
New Registered Agent's Signature, if changing Regis	tered 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, 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>	Address	Type of Action
MGR	oli Petit	1083 Highway 98	☐ Add
	•	Destin, FL 32541	Remove
MGR	Olivier Petit	1083 Highway 98	Add
		Destin, FL 32541	□ Remove
			<del></del>
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'N/A	
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	(optional)
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etive date, if other than the date of filing:  ffective date must be specific, cannot be prior to date of receipt or filed date and canno ate this document is filed by the Florida Department of State)  d November 5	
ffective date must be specific, cannot be prior to date of receipt or filed date and canno ate this document is filed by the Florida Department of State)	
ffective date must be specific, cannot be prior to date of receipt or filed date and canno ate this document is filed by the Florida Department of State)	t be more than 90 days after

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SECRETARY OF STATE ARECARDA