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T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations

Pro Play	ers Realty USA Forgott	en Coast, LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	J. Robert Boyd, Jr.		
		Name of Person	
	Boyd & Durant, P.L.		
		Firm/Company	·
	1407 Piedmont Drive	e East	
		Address	
,	Tallahassee, Florida	32308	
		City/State and Zip Code	
	rob@boydlaw.net		
	E-mail address: (to be used for future annual report	notification)
For further information e	oncerning this matter, please co	all:	
J. Robert Boyd, Jr.		850 386-2°	
Name o	f Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy	□ \$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)



J. ROBERT BOYD, JR.

1407 Piedmont Drive East Tallahassee, Florida 32308 boydlaw.net P: (850) 386-2171 F: (850) 385-4936 rob@boydlaw.net

Florida Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 January 28, 2015 Sent via Regular U.S. Mail

 R_{e}

Pro Players Realty USA Forgotten Coast, LLC Document No. L15000005425

To Whom it May Concern:

I have enclosed the Articles of Amendment to the Articles of Organization for the LLC listed above along with check #1046 for the \$25 filing fee.

Please feel free to give my office a call if you have any questions or need anything further.

RB:ar

Enclosures

Robert Boyd, Jr

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

ARTICLES	OF AMENDMENT	ur records.
	TO	
ARTICLES	OF ORGANIZATIO	N State
•	OF	4% 5 Men 5
		Signal Special
Pro Players Realty USA Forgotten C	Coast, LLC	15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limited Liability	Company as it now appears on o mited Liability Company)	ur records.)
(A Frontia ta	unicu Labinty Company)	(0) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
The Articles of Organization for this Limited Liability Con-	npany were filed on Januar	ry 9, 2015 and assigned
Florida document number L15000005425		
	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "Limit	ed Liability Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register	red office address on our	records, enter the name of the new
registered agent and/or the new registered office address	<u>ss here</u> :	
Name of New Registered Agent:		
Nov. Davistand Office Address.		
New Registered Office Address:	Enter Florida str	ect address
	City	, Florida 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Actio
MGR	Shari Edington	3870C Coastal Hwy	□ Add
		Crawfordville, Florida 32327	■ Remove
			Add
			□ Remove
•			
			□ Remove
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			☐ Remove
			Add
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		· .	
			Add
			☐ Remove

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 the date this document is filed by the Florida Department of State)	(optional) d cannot be more than 90 days after
Dated January 9, 2015	
Car Forita	
Signature of a member or authorized repre	sentative of a member
Gary Edington	

Page 3 of 3

Filing Fee: \$25.00