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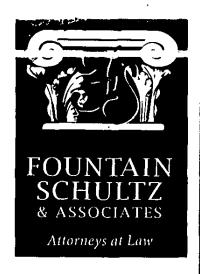


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K.SALY EXAMINER MAR 30



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

March 23, 2016

VIA REGULAR U.S. MAIL

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: ILIFESTYLE DESTIN, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization of ILIFESTYLE DESTIN, L.L.C. Also enclosed is check #5014 in the amount of \$25.00 for filing the Articles of Amendment.

Please return a filed copy to me in the enclosed pre-addressed, stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,

Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS: cas

cc: Client

Enclosures

2045 FOUNTAIN PROFESSIONAL CT.

SUITE A

NAVARRE, FLORIDA 32566

Tel: (850) 939-3535 Fax: (850) 939-3539

Santa Rosa Beach Tel.: (850) 622-2700 Fax: (850) 622-2722

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|--------------|------------------------------------|--|---|--|
| CHDI | ect. | ILIFESTYL | E DESTIN, L.L.C. | |
| SUBJ | ECT: | Name of Lim | ited Liability Company | · · · · · · · · · · · · · · · · · · · |
| The en | nclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspo | ondence concerning this matter | to the following: | |
| | | Kerry Anne Schultz | | |
| | | | Name of Person | |
| | | Fountain, Schultz & Assoc | iates, P.L. | `` |
| | | _ | Firm/Company | |
| | | 2045 Fountain Profession | onal Court, Suite A | |
| | | - | Address | |
| | | Navarre, Florida 32566 | | |
| | | | City/State and Zip Code | |
| | | kaschultz@fountainlaw.com | | |
| | | E-mail address: (| to be used for future annual report notifi | cation) |
| For fu | rther information c | oncerning this matter, please co | all: | |
| Kerry | Anne Schultz | | 850 939-3535 at () | |
| | Name o | f Person | Area Code Daytime | Telephone Number |
| Enclos | sed is a check for th | ne following amount: | | |
| ■ \$2 | 5.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fec, 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

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|-----|------------|-----|--------|---|
| | MAR Z | 8 A | M12: 4 | 7 |

| ILIFESTYLE DES | STIN, L.L.C. | 11/10 m | MAR: 47 |
|---|-------------------|-----------------------|---------------------|
| (Name of the Limited Liability Compa (A Florida Limited I | • | ur records.) | ASSEE MORIO. |
| The Articles of Organization for this Limited Liability Company Florida document numberL15000005885 This amendment is submitted to amend the following: | | 12/30/14 | and assigned |
| A. If amending name, enter the new name of the limited liabi | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | | tion "LLC" or the abl | previation "L.I.C." |
| Enter new principal offices address, if applicable: | Same | | |
| (Principal office address MUST BE A STREET ADDRESS) | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | Same | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here | | records, enter | the name of the new |
| Name of New Registered Agent: | | <u> </u> | |
| New Registered Office Address: | Enter Florida str | eet address | |
| | | . Florida | |
| | City | , FIOTIUA | 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 = AMBR = | Manager = Authorized Member | FILE | |
|-----------------|---------------------------------------|--|----------------------|
| <u>Title</u> | <u>Name</u> | Address 28 PH 12 | P: 47 Type of Action |
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| Effective date, if other than the date of fili (If an effective date is listed, the date must be specific a Note: If the date inserted in this block does no document's effective date on the Department o | and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3 t meet the applicable statutory filing requirements, this date will not be listed as th |
| the record specifies a delayed effective. The 90th day after the record is file. | e date, but not an effective time, at 12:01 a.m. on the earlier of: |
| Dated North 18 | 1, 2019. f. |
| Signature of | a member or pathorized representative of a member |
| MARGE | A Grovania Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00