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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : BARKER WILLIAMS, PLLC

Account Number : 120170000030

: (850)308-7033

Fax Number

: (850)308-7115

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Fmail Addre |     | info@hillcolemancpa.com |
|-------------|-----|-------------------------|
| rmall Addre | 55: |                         |

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 30A ESCAPES REALTY, LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 05      |
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Tallahassee, FL 32314

| TO:       | Registration Sec<br>Division of Corp       |  |   |   |
|-----------|--|--|---|---|
|           | 30A Escape                                 | s Realty, LLC                                |   |   |
| SUBJE     | CT:  | Name of Limi                                 | ted Liability Company   |   |
|           |  |  | in a faction  |   |
|           |  | Amendment and fee(s) are subr                |   |   |
| Please 10 | eturn all correspo                         | ndence concerning this matter t              | to the following:   |   |
|           |  | Farrar J. Barker                             |   |   |
|           |  |  | Name of Person  | _   |
|           |  | Barker Williams, PLLC                        |   | 1=11. E.D<br>2021 JUL 20 PM 12: 56<br>5507 33: 33 1 TO 6-16 |
|           |  |  | Firm/Company  |   |
|           |  | 60 Clayton Lane                              |   | 20 7  |
|           |  |  | Address   |   |
|           |  | Santa Rosa Beach, FL 324                     | 59  | 72.5  |
|           |  |  | City/State and Zip Code                                       | - 5 6   |
|           |  | info@hillcolemancpa.com                      |   |   |
|           |  | E-mail address (                             | to be used for future annual report notification)             |   |
| For furt  | her information c                          | oncerning this matter, please ca             | ali.  |   |
| Farrar .  | J. Barker                                  |  | 850 308-7033<br>at ()   |   |
|           | Name o                                     | of Person                                    | Area Code Daytime Telephone Numb                              | ст  |
| Enclose   | ed is a check for the                      | he following amount.                         |   |   |
|           | 5.00 Filing Fcc                            | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certific                        | Filing Fee, cate of Status & cd Copy tall copy to enclosed) |
|           | Mailing Address Registration Division of C | Section                                      | Street Address: Registration Section Division of Corporations |   |
|           | P.O. Box 632<br>Tallahassee                |  | The Centre of Tallahassee 2415 N. Monroe Street, Suite        | 810   |

Tallahassee, FL 32303

## DocuSign Envelope ID: 7E8E4239-CE65-4842-AD8F-0FAF88A537A6 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| 30A Escapes Realty, LLC  |   |                                    |
|--|---|------------------------------------|
| (Name of the Limited Liability<br>(A Florida   | y Company as it now appears on our re<br>Limited Liability Company) | cords.)                            |
| The Articles of Organization for this Limited Liability Co   | ompany were filed on 04/07/2015                                     | and assigned                       |
| Florida document number L15000061211   | <b></b> ·   |                                    |
| This amendment is submitted to amend the following:  |   |                                    |
| A. If amending name, enter the new name of the limit   | ted liability company here:   |                                    |
| The new name must be distinguishable and contain the words "Limi   | ited 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 ADDR  | <u></u>   |                                    |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)                       |   |                                    |
|  | 1 . The address on our records a                                    | ntor the name of the new regist    |
| B. If amending the registered agent and/or registered agent and/or the new registered office address here: | i onice address on our records, <u>c</u>                            | inter the maine or the new region. |
| Name of New Registered Agent:  |   |                                    |
| New Registered Office Address:   | Enter Florida street (  | ddrage                             |
|  |   |                                    |
| <del></del>  | City  | Florida<br>Zip Code                |
| New Registered Agent's Signature, if changing Registered   |   | 2.,, 50.10                         |
| I hereby accept the appointment as registered agent  |   | . I further agree to comply witi   |

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

DocuSign Envelope 1D: 7E8E4239-CE65-4B42-AD8F-0FAF88A537A8
If amending Authorized rerson(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>   | Address                         | Type of Action |
|--------------|---------------|---------------------------------|----------------|
| MGR          | Camille Dixon | 23011 FRONT BEACH ROAD, UNIT 34 | 🗆 Add          |
|              |               | PANAMA CITY BEACH, FL 32413     | ≣Remove        |
|              |               |                                 | □Change        |
|              |               |                                 | □ Add          |
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| July 16  | 2021                      |                          |  |                 |                     |
| Camille Dixon  |                           |                          |  |                 |                     |
| Camille Octor  |                           | horized representativ    |  |                 |                     |

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