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(Re	questor's Name)	
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(Ad	aless)	
(Cit	y/State/Zip/Phon	e #)
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(Do	cument Number))
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CK DUCK LLC		
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liability company here	:	
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15000 EMERALD	COAST PKWY	9: 1.9
DESTIN, FL 3254	1	
d office address on o here:	ur records, <u>enter</u>	the name of the n
THOMA	AS HOFFER	
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	sireei adaress	22511
City	Florida	32541 Zin Code
	Inpany as it now appears of ted Liability Company) any were filed on	Inpany as it now appears on our records.) any were filed on

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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	CHRISTOPHER S SEHMAN	1295 BEVERLY ST	
		FT WALTON BCH, FL 32547	■ Remove
			☐ Change
MGR	MANAGEMENT COMMITTEE	15000 EMERALD COAST PKWY	Add
		DESTIN, FL 32541	□ Remove
			Change
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			□ Remove
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COVER LETTER

TO: Registration S Division of Co			
DATE IN ZON	DUC	CK DUCK LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		THOMAS HOFFER	
		Name of Person	
		Destin Law	
		Firm/Company	·
		4475 Legendary Dr	
		Address	
		Destin, FL, 32541	
		City/State and Zip Code	
	· .	thoffer@destinlaw.com	
	E-mail address: (to be used for future annual report notif	leation)
For further information of	concerning this matter, please c	alł:	
Christir	ne Garger	850 337-5196	
Name (of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
 ■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS:

TO:

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

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n effective date is fisted, the term of the date inserted cument's effective date	in this block does not	meet the applicab	date of filing or more the statutory filing req	an 90 days after filing.) Pouirements, this date wi	arsuant to 605.020 If not be listed a)7 (2 18 tl
record specifies a he 90th day after			an effective time	, at 12:01 a.m. on	the earlier o	of:
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00