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SECRETARY OF STATE

J. HARRIE

COVER LETTER

Division of Corporations
SUBJECT: REDNECK YACITT CLUB, LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
MICHAEL J. CIARLONE Name of Person REDNECK YACHT CLUB, LLC Firm/Company
GOS DARKWOOD AVENUE
OCOEE FL 3476 City/State and Zip Code Mc19Flone @ hotmail com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MTCHREL J. CTARLOUE at (407) 223-9073 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\subseteq} \sum_{\subseteq} \sum_{\su

MAILING ADDRESS:

TO:

Registration Section

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

REDNECK YACHT CLUB L	ny as it now annears on our records)
(Name of the Limited Liability Compa (A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 4/16/15 and assigned
Florida document number <u>L 500067,050</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	GOS DARKWOOD AVENUE
(Principal office address MUST BE A STREET ADDRESS)	000EE, FL 34761
Enter new mailing address, if applicable:	GOB DARKWOOD AVENUE
(Mailing address MAY BE A POST OFFICE BOX)	COFE, FL 34761
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:	
New Registered Office Address:	
i	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change:	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is
If Char	nging 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	BETH WINCEY	GOS DARKWOOD AVENUE OCOEE IFL 34761	Add
			Remove
			Change
			Add
			□ Remove
			Change
			Remove
			Change
			Add
			□ Remove
			Change
		FAL AF	Add
		AFE IN AFE	Remove
		SES. FLORIDA	Change
		Dn >	Add
			□ Remove
			Change

			
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fective date, if other than the date of filing: 6 22 20 6 (on effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days a stee: If the date inserted in this block does not meet the applicable statutory filing requirements, cument's effective date on the Department of State's records.	after filing.) Pu	irsuant to Il not be	o 605.020 clisted a:
record specifies a delayed effective date, but not an effective time, at 12:0	1 a.m. on	the e	arlier c
he 90th day after the record is filed.		1	
ted JUNE 18 22, 2016.			
mil all Cialan	SE(<u> </u>	
Signature of a member or authorized representative of a member	32.7 E17,	=	<u> </u>
70	75S	24	e e e e e e e e e e e e e e e e e e e
MICHAEL J. CTARUNE Typed or printed name of signee		<u> </u>	_ 7"
•	FL GA	\ddot{S}	
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Filing Fee: \$25.00