

L15000140237

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

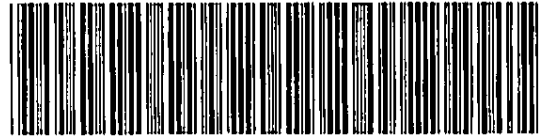
(Business Entity Name)

(Document Number)

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EMBASSY OF ST. VINCENT
AND THE GRENADINES
ATLANTA, FLORIDA

07/27/17
YCH/KER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Destin Towing LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Athena Riley
Name of Person

Cotton, Gates, Attorneys at Law
Firm/Company

3 Plew Ave
Address

Oraliner, FL 32578
City/State and Zip Code

destintowing@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Leach at (850) 737-1738
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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

Destin Towing LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-17-2015 and assigned Florida document number L15000140237.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

112 Mountain Dr
Destin FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

112 Mountain Dr
Destin FL 32541

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Yvonne D Leach

New Registered Office Address:

112 Mountain Dr

Enter Florida street address

Destin FL 32541
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.

Yvonne D Leach

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------|----------------|-----------------------|
|--------------|-------------|----------------|-----------------------|

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| <u>MGR</u> | <u>Denise Leach</u> | _____ | <input type="checkbox"/> Add |
|------------|---------------------|-------|------------------------------|

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|--|--|------------------------------------|--|
| | | <u>105 Hughes St NE</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>Fort Walton Beach, FL 32548</u> | |

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|--|--|-------|---------------------------------|
| | | _____ | <input type="checkbox"/> Change |
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|------------|------------------------|-------------------------|---|
| <u>MGR</u> | <u>Yvonne D. Leach</u> | <u>112 Mountain Dr.</u> | <input checked="" type="checkbox"/> Add |
| | | <u>Destin, FL 32541</u> | |

| | | | |
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| | | _____ | <input type="checkbox"/> Remove |
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| | | _____ | <input type="checkbox"/> Change |
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| <u>MGR</u> | <u>Cynthia Nicopolos</u> | _____ | <input type="checkbox"/> Add |
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|--|--|------------------------------------|--|
| | | <u>105 Hughes St NE</u> | <input checked="" type="checkbox"/> Remove |
| | | <u>Fort Walton Beach, FL 32548</u> | |

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17 JUL 27 AM 11:49
STATE OF FLORIDA
SECRET

D. If amending any other  (s) here: (Attach additional sheets, if necessary.)

17 JUL 27 AM 11:49
FID
RECEIVED
STATE OF
ILLINOIS
SPRINGFIELD

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 6, 2017

Yvonne D Leach

Signature of a member or authorized representative of a member

Yvonne D Leach

Typed or printed name of signee