

215000169347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

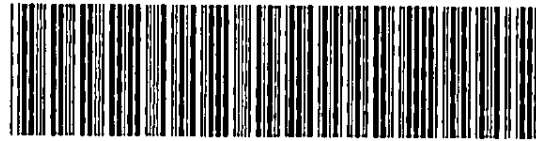
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000322347910

01/02/19--01029--028 **25.00

FILED

2019 JAN -2 AM 9:09

CLERK OF STATE
TALLAHASSEE, FL.

C. GOLDEN

JAN 12 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUNGLE RETREAT, 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:

JOHN S GAUDET, ESQ.
Name of Person

THE LAW OFFICES OF JOHN STEPHEN GAUDET, PLLC
Firm/Company

2610 UPTON ST SOUTH
Address

GULFPORT, FL 33711
City/State and Zip Code

UVONHOLZEN@GOSHENHEALTH.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOHN S GAUDET
Name of Person

at (727) 729-9661
Area Code Daytime Telephone Number

Enclosed is a check (made out to **Florida Department of State**) for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> <u>25.00 Filing Fee</u> | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
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**

JUNGLE RETREAT, LLC
(A Florida Limited Liability Company)

FILED

2019 JAN -2 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on October 5, 2015 and assigned Florida document number L15000169347.

This amendment is submitted to amend the following:

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

N/A

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:

7090 21ST St South

(Principal office address MUST BE A STREET ADDRESS)

St. Petersburg, FL 33712

Enter new mailing address, if applicable:

2790 62ND Ave South

(Mailing address MAY BE A POST OFFICE BOX)

St. Petersburg, FL 33712

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:

N/A

New Registered Office Address:

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 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.

N/A

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>
MGR	SANDRA VON HOLZEN	226 - 75 TH STREET NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	URS WERNER VON HOLZEN	226 - 75 TH STREET NORTH	<input type="checkbox"/> Add
		ST. PETERSBURG, FL 33710	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	VOHO REAL ESTATE, LLC	7090 21 ST ST S	<input checked="" type="checkbox"/> Add
		ST. PETERSBURG, FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated December 27, 2018.

Signature of a member or authorized representative of a member

Typed or printed name of signee