

L 15000 194598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

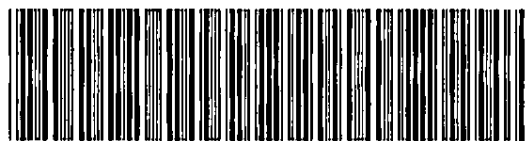
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR -5 PM 7:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FREE TO SEE PROPERTIES 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:

ROBERT CARROLL

Name of Person

Firm/Company

8634 RESOTA BEACH ROAD

Address

PANAMA CITY, FL 32409

City/State and Zip Code

robertcarroll71@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Carroll

850

259-5206

Name of Person

at (

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:
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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR - 5 PM 7:10

FREE TO SEE PROPERTIES 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 11/17/2015 and assigned
Florida document number L15000194598.

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:

8634 RESOTA BEACH ROAD PANAMA CITY, FL 32409

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

8634 RESOTA BEACH ROAD PANAMA CITY, FL 32409

(Mailing address MAY BE A POST OFFICE BOX)

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:

ROY CARROLL

New Registered Office Address:

8634 RESOTA BEACH ROAD

Enter Florida street address

PANAMA CITY

City

Florida 32409

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.



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	SHILOH SERVICES LLC	8634 RESOTA BEACH ROAD	<input checked="" type="checkbox"/> Add
		PANAMA CITY, FL 32409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WALTERS FAMILY HOLDINGS	5715 HIGHWAY 85 N #1710	<input type="checkbox"/> Add
		CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

As of February 23rd 2018, no other authorized persons or entities other than Robert Carroll will have any

controlling powers or interests other than Robert Carroll.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 MAR - 6 PM 7:10

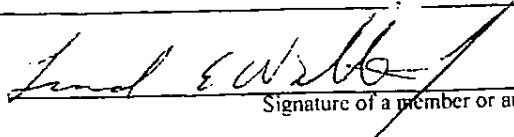
E. Effective date, if other than the date of filing: February 23rd 2018 (optional)

(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 February 23rd 2018



Signature of a member or authorized representative of a member

LEONARD E WALTERS JR

Typed or printed name of signer

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

As of February ²³~~9th~~ 2018, no other authorized persons or entities other than Robert Carroll will have any

controlling powers or interests other than Robert Carroll.

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TALLAHASSEE, FLORIDA
18 MAR -5 PM 7:10

E. Effective date, if other than the date of filing: February 9th 2018 (optional)

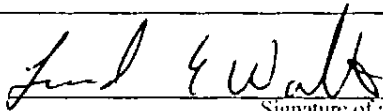
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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated February 23rd 2018
~~JANUARY 31ST~~



Signature of a member or authorized representative of a member

LEONARD E WALTERS JR

Typed or printed name of signee