

L16 8000 15463

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2015
PRICE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1320 Creighton Holdings, 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:

Josh Poole

Name of Person

Firm/Company

1149 Creighton Rd #7

Address

Pensacola, FL 32504

City/State and Zip Code

jpoole@fourpointcs.com

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

For further information concerning this matter, please call:

Josh Poole

Name of Person

at (404)

Area Code

285 8388

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

TALLAHASSEE, FL 32301

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

1320 Creighton Holdings, 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 January 22, 2016 and assigned Florida document number L16000015463.

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)

1149 Creighton Road

#7

Pensacola, FL 32504

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1149 Creighton Road

#7

Pensacola, FL 32504

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:

New Registered Office Address:

Enter Florida street address

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.

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>
AMBR	Jason M Blaydes	620 Peachtree Street	<input type="checkbox"/> Add
		Suite 311	<input checked="" type="checkbox"/> Remove
		Atlanta, GA 30308	<input type="checkbox"/> Change
AMBR	Joshua Poole	1149 Creighton Rd	<input checked="" type="checkbox"/> Add
		#7	<input type="checkbox"/> Remove
		Pensacola, FL 32504	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2005 JUL 11 P 4: 3
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FALLAHASSHI, FLOREN

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S. CONLEY
TALLAHASSEE, FLORIDA

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 June 28, 2016.

Signature of a member or authorized representative of a member

Jason Blaydes

Typed or printed name of signee