L16000016373

(Re	questor's Name)	•
(Ada	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

	tration Section of Corp				
SUBJECT:	chailey On	e, LLC			
Name of Limited Liability Company					
The enclosed A	articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return a	ll correspor	ndence concerning this matter	to the following:		
		Bruce Patti			
			Name of Person		
			Firm/Company		
		2775 east Osceola Rd			
			Address		
		Geneva, FL 32732			
			City/State and Zip Code		
		bruce_patti@bellsouth.net			
			to be used for future annual report noti	fication)	
For further info	rmation co	ncerning this matter, please ca	all:		
Bruce Patti			561 818 7324 at ()		
	Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a c	heck for the	e following amount:			
■ \$25.00 Fili	ng 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

Schailey One, LLC		
(<u>Name of the Limited Liability Co</u> r (A Florida Limit	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comparison document number $\frac{L16000016373}{L16000016373}$.	any were filed on February 10, 2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
he new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	2	
		=======================================
		MAR (S)
nter new mailing address, if applicable:		8 32
Mailing address MAY BE A POST OFFICE BOX)		
		8 35
3. If amending the registered agent and/or registered egistered agent and/or the new registered office address I	l office address on our records, <u>enter</u>	the name of the r
egistered agent and/or the new registered office address i	mere:	
Name of New Registered Agent:		"
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.

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>	Address	Type of Action
MGR Bruce Patti	Bruce Patti	2775 East Osceola Rd	
		Geneva, FL 32732	Remove
			Change
			Add
			🗖 Remove
			Change
		·	□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			Change
			Add
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			Remove Remove
			A型 Change Ogs NATC
			□ Remove
			□ Change

. If amending any other information, enter change(s) here: (Attach additional sheets, if ne	ecessary.)
	
	
	
Effective date, if other than the date of filing:	tional) ter filing.) Pursuant to 605.0207 (3) this date will not be listed as the
the record specifies a delayed effective date, but not an effective time, at 12:01. The 90th day after the record is filed.	a.m. on the earlier of:
Dated March 5 , 2017	
Signature of a member or authorized representative of a member	17 MAR
Bruce Patti	TARY OF THE
Typed or printed name of signee	Am 9:

Page 3 of 3

Filing Fee: \$25.00