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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Substitute State Describe, LCC 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:
Lokrelia Pason Name of Person
Tordant Mankating
1930 N POPLAR ST, SUITE 21 Address
SOUTHERN PINES NC 28387 City/State and Zip Code
E-mil address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Aichardhauen at 232, 827-2557 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee & Certificate of Status \$\Bigcup \\$60.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

Junstine S	bote Resorts, LLC
(Name of the Limited Lia) (A Flor	pility Company as it now appears on our fecords.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LI60000</u> 25	Company were filed onand assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
The new name must be distinguishable and contain the words "L	imited 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 AD	DRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Na
B. If amending the registered agent and/or registered agent and/or the new registered office ac	gistered office address on our records, enter the name of the new
Name of New Registered Agent:	Na
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zin 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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
Mgt	Richard Chancer	1930 M Poplar 26 Deckon Pines, NC	D Add
-		Decton times, NC	Kemove
		<i>J83</i> 67	Change
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(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated_	12-21 16
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00