## L16000086406

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## **COVER LETTER**

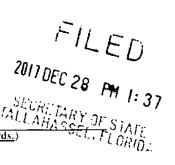
TO: Registration Se Division of Cor			
30A Execut SUBJECT:	tive Suites, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Barbara Chavez		
		Name of Person	
	Watson Sewell, PL		
-		Firm/Company	
	5410 E. Co. Hwy., 30-A,	Suite 215	
		Address	
	Seagrove Beach, FL 3245	9	
		City/State and Zip Code	
	davidanderson0311@yahoo		
	E-mail address: (	to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Barbara Chavez		850 231-3465	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
		□ 666 00 Pill P 8	D \$60.00 Eiling Egg
□ \$25.00 Filing Fee	Certificate of Status	Certified Copy  (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
\$25.00 Filing Fee	■ \$30.00 Filing Fee &		Certified Copy

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



30A Executive Suites, 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 Compan	y were filed on	and assigned
Florida document number L16000086406		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
30A Suites Northwest Florida, LLC		
The new name must be distinguishable and contain the words "Limited Lial	bility 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)	,	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he Name of New Registered Agent:	office address on our re	ecords, enter the name of the new
New Registered Office Address:	Enter Florida street	addrass
	City	, Florida
New Registered Agent's Signature, if changing Registered Agen	•	ny cone
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	te performance of my dut s provided for in Chapter	ies, and I am familiar with and 605, F.S. Or, if this document is
ICC	anging Registered Agent, Sign	nature 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: 2017 DEC 28 PM 1: 37 MGR = Manager AMBR = Authorized Member Type of Action Title <u>Name</u> **Address** □ Add ☐ Remove \_□ Change □ Add □ Remove \_\_\_\_ Change □ Add ☐ Remove \_\_\_\_\_ Change \_\_\_\_\_ Add \_\_\_\_ □ Remove \_\_\_\_\_ Change \_\_\_ Add \_\_ Remove ☐ Change □ Add \_□ Remove

<u> </u>	- Ell-
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	ALLAHASSY OF STA
	TORIS.
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ective date, if other than the date of filing:	(optional) not be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207
te: If the date inserted in this block does not meet t	the applicable statutory filing requirements, this date will not be listed as t
cument's effective date on the Department of State'	s records.
record specifies a delayed effective date,	, but not an effective time, at 12:01 a.m. on the earlier of
he 90th day after the record is filed.	
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red December 27. 2	.017
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and the second	
Signature of a memb	per or authorized representative of a member
Franklin H. Watson	`

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00