

LL 000101034

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

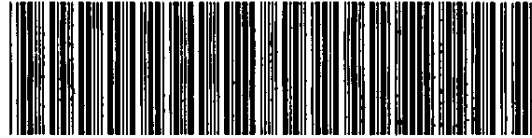
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/09/16--01032--029 **60.00

16 JUN -9 AM 8:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: AMELIA ISLAND ESCAPE RENTALS 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:

DANNY LAWHORN
Name of Person

AMELIA ISLAND ESCAPE RENTALS LLC
Firm/Company

3319 SEA MARSH RD
Address

AMELIA ISLAND, FLORIDA 32034
City/State and Zip Code

AMELIAISLANDESCAPE@COMCAST.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DANNY LAWHORN at (904) 753-0084
Name of Person 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

TO
ARTICLES OF ORGANIZATION
OF

AMELIA ISLAND ESCAPE RENTALS 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 _____ and assigned Florida document number L 16000101034

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)

3319 SEA MARSH Rd
AMELIA ISLAND FLORIDA
32034

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3319 SEA MARSH Rd
AMELIA ISLAND FLORIDA
32034

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:

DANNY J. LAWHORN

New Registered Office Address:

3319 SEA MARSH Rd
Enter Florida street address

AMELIA ISLAND, Florida 32034
City Zip Code

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JUN -9 AM 8:19
11 600

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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

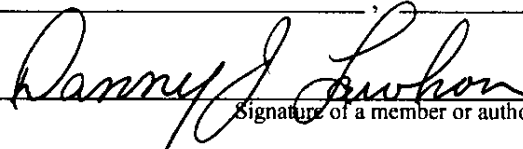
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	APRIL FREDERICK	3319 SEAMARSH Rd	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHLEY WADE	97179 EMERALD LANE	<input checked="" type="checkbox"/> Add
		YULEE FLORIDA	<input type="checkbox"/> Remove
		32097	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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16 JUN -9 AM 9:13
DEPARTMENT of HEALTH
HALLAMSBURG, LOUISIANA

E. Effective date, if other than the date of filing: _____ (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 _____


Signature of a member or authorized representative of a member
DANNY J. LAWHORN

Typed or printed name of signee