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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Submood Emily Helme)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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D. FRUCE



January 9, 2019

MARINA PARABOSCHI 3936 SPYGLASS HILL RD SARASOTA, FL 34238

SUBJECT: SPYGLASS HILL COUNTRY CLUB LLC

Ref. Number: L16000113121

We have received your document for SPYGLASS HILL COUNTRY CLUB LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Corporate Records Supervisor

Letter Number: 919A00000693

COVER LETTER

Division of Co	rporations			
SUBJECT:	Spyglass H Name of Lin	ill Country C	lub LLC	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing		
	ondence concerning this matter	~		
- read recommendation and contact per	macree concerning this matter	to the following.		
	Mari	na Para boschi Name of Person		
	Spy	9 1055 HIII Cou	nty club LLC	
		3936 Spyg 1955 Address) 1955		
		Sarasota, F City/State and Zip Code	1 34258 21 JAN 24 1 9: 44 1 9: 44 ne Telephone Number	···[
	E-mail address: (a 9272 @ GO . CO m to be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	alt:		1 7 ["
Marina Pa Name o	ara boschi Person	at (9.43) 220 Area Code Daytin	9 - 0839 Ene Telephone Number	امحر
Enclosed is a check for th	ne 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:

TO:

Registration Section

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

Spyala (Name of the Limited	SS HIII I Liability Compan A Florida Limited L	CCU II - ly as it now appliability Compar	Pears on our rely)	ecords.)	16		
The Articles of Organization for this Limited Lia Florida document number 1 6 000 1		were filed on			an	d assig	ned
This amendment is submitted to amend the follow	ving:		-				
A. If amending name, enter the new name of t	he limited liabil	ity company	here:				
The new name must be distinguishable and contain the wor	ds "Limited Liabilit	y Company," th	te designation '	'LLC" or	the abbreviation	en "L.IC	<u></u>
Enter new principal offices address, if applical	ole:						
(Principal office address MUST BE A STREET	ADDRESS)				i – .•	7019 JAN	77
Enter new mailing address, if applicable:					575 075 915 - <u>me</u> -	24	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>					- - -	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office	registered offi e address here:	ice address	on our rec	ords, <u>ei</u>	iter the na	me of	the new
Name of New Registered Agent:	Change	Marina	Natoli	1 0	Mavina	Parc	<u>i bos</u> ehi
New Registered Office Address:		Enter F	lorida street ad				·
$r \sim \sqrt{V}$	 	City		, Florida	Zip C	ode	

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.

Miking Jacobsche
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 addor removed from our records:

MGR = M $AMBR = A$	MGR = Manager AMBR = Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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to the second offerstand data that has an offerstive time at 12	(optional) s after filing.) Pursuant to 605.0207 s, this date will not be listed as
e record specifies a delayed effective date, but not an effective time, at 12. The 90th day after the record is filed.	:01 a.m. on the earlier of
Murina Mathi Parallolation of a member of	
Signature of a member or authorized representative of a member /// Oring // Option Parabos Timed or printed them of signers	

Page 3 of 3

Filing Fee: \$25.00