



Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000019333 3)))



H17000019333ABC.

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : ADAMS AND REESE LLP  
Account Number : 076077001601  
Phone : (504) 585-0392  
Fax Number : (504) 584-9508

RECEIVED  
2017 JAN 20 PM 4:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: emilie.pfister@arkaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
EAST PASS PRIME DEVELOPMENT, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$60.00

RECEIVED  
2017 JAN 20 P 12:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**  
**JAN 23 2017**

Electronic Filing Menu

Corporate Filing Menu

Help

JAN. 20. 2017 3:50PM

ADAMS & REESE

NO. 5782 P. 2

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

East Pass Prime Development, 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 December 15, 2016 and assigned  
Florida document number L16000216808.

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:

10 Harbor Blvd.

**(Principal office address MUST BE A STREET ADDRESS)**

Unit W-525

Destin, FL 32541

Enter new mailing address, if applicable:

1901 Manhattan Blvd.

**(Mailing address MAY BE A POST OFFICE BOX)**

Building H, Suite 101

Harvey, LA 70058

**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:

Robert J. Guidry

New Registered Office Address:

10 Harbor Blvd. Unit W-525

*Enter Florida street address*

Destin

*City*

Florida

32541

*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.*

*Robert J. Guidry*  
**If Changing Registered Agent, Signature of New Registered Agent**

H17000019333 3

JAN. 20. 2017 3:50PM ADAMS & REESE

H17NO. 57821 S.p. 32

**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>	<u>Address</u>	<u>Type of Action</u>
MGR	East Pass Prime Properties, LLC	1901 Manhattan Blvd.	<input checked="" type="checkbox"/> Add
		Building H, Suite 101	<input type="checkbox"/> Remove
		Harvey, LA 70058	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

H17000019333 3

JAN. 20. 2017 3:50PM ADAMS & REESE

NO. 5782 P. 4

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

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 January 17 2017

2017  
\_\_\_\_\_

Signature of a member or authorized representative of a member

Mark Embree

Typed or printed name of signee

H17000019333 3