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## **COVER LETTER**

10: Registration Section Division of Corporations
SUBJECT: FURY HARBOR 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:
MICHAEL P. SPENCER Name of Person
FURY HARROR LLC Firm/Company
18848 VS HIGHWAY 441, #196
MOUNT DORA FL 32757  City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MICHAEL P. SPENCER at (352) 460-7263  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  S60.00 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FURY HARBOR	LLC § 3
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number <u>L16000220398</u> .	
This amendment is submitted to amend the following:	10.52
A. If amending name, enter the new name of the limited liab	•
The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	18848 US HIGHWAY 141, # 196
(Principal office address MUST BE A STREET ADDRESS)	MOUNT DORA, FL 32757
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	18848 US HIGWAY 441, #196 MOUNT DORA, FL 32757
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:  New Registered Office Address:  18848	US HIGHWAY 441 . # 196
_ MOUNT	Enter Florida street address  DORA , Florida 32757  City 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.

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 = Authorized Member **Title Name Address Type of Action** 2227 WOLF RIDGE LANE DAdd OLD NOTE: TITLE & "AUTHORIZED RESON" EDIANS THE SAME; I ADDRESS Remove ONLY WANT TO CHANGE THE ADDRESS AS NEW NOTED -ADDRESS ☐ Change □ Add ☐ Remove □ Change \_□ Add (3) ☐ Remove= ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove

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effective date is listed, the e: If the date inserted in	an the date of filing:  Landary  Late must be specific and cannot be prior to date of filing this block does not meet the applicable statutory in the Department of State's records.	2017 (optional)  Ig or more than 90 days after filing.) Pursuant to 605.02  y filing requirements, this date will not be listed
record specifies a d ne 90th day after t	elayed effective date, but not an effect ne record is filed.	tive time, at 12:01 a.m. on the earlier
ed 25 Janua	1RY , 2017.	
	Signature of a member or anthorized represer	stative of a member

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Filing Fee: \$25.00