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COVER LETTER

TO: Registration Se Division of Cor					
Cadmon Pr	roperties, 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	ondence concerning this matter	to the following:			
	Amy McArthur				
		Name of Person	· · · · · · · ·		
	Cadmon Properties, LLC				
Firm/Company					
	653 Country Club Ave				
		Address			
	Fort Walton Beach, FL 32:	547			
		City/State and Zip Code			
	amymcarthurrd@gmail.con			2017 FEB	
	E-mail address: (to be used for future annual report notificat	ion)		***************************************
For further information c	oncerning this matter, please c	all:		(0)	1
Amy McArthur		601 502-6673			
Name o Enclosed is a check for th	f Person	Area Code Daytime Te	lephone Number	9: 26 LORIDA	
	-	□ \$55.00 PH' P 9	F1 640 00 F11	- F.	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	

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

Cadmon Properties, LLC				
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on our records.) da Limited Liability Company)		_	
The Articles of Organization for this Limited Liability Florida document number L17000025388	Company were filed on February 1, 2017	and	d assign	ned
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:			
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC" or the a	bbreviatio	n "L.L,C	1 17
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD	RESS)			
				<u>. </u>
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
		\mathbf{Z}_{12}	201	
		7 2		
B. If amending the registered agent and/or regi		the na	me of	the new
registered agent and/or the new registered office ad	dress here:	188	်	المحاصمة ا
		rn cz	Þ	} 1 j
Name of New Registered Agent:		_ 		
New Registered Office Address:		高台	7.3	
	Enter Florida street address			
	, Florida			
	City	Zin C	orte	

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, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	John McArthur	653 Country Club Ave	Ađd
		Fort Walton Beach, FL 32547	☐ Remove
			Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			ARE THE TOTAL PROPERTY OF THE
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ffective date, if other than the an effective date is listed, the date mus Note: If the date inserted in this blocument's effective date on the Defeated in th	date of filing:	pplicable statutor	g or more than 90 day	(optional) s after filing.) Pursuant t s, this date will not be	o 605.020' e listed as
e record specifies a delayed	effective date, bu rd is filed.	t not an effect	ive time, at 12:	01 a.m. on the e	arlier o
The 90th day after the rec					
The 90th day after the reco	2017				
The 90th day after the reco	Wi Ciak	authorized represen	ntative of a member		<u>.</u>

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Filing Fee: \$25.00