L17000036287

(Requ	uestor's Name)	
(Addr	ess)	
(Addr	ess)	
(City/	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Busi	ness Entity Nar	ne)
(Docu	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



800296047928

03/02/17--01013--002 **25.00

SECRETARY OF STATE TALLAHASSIE, FLOSIDA

MAR 0 3 Z017 S. YOUNG

COVER LETTER $_{\sim}$

	gistration Sec ision of Corp		W			
SUBJECT:	ELLYSON (DAKS REALTY, LLC				
SUBJECT:		Name of Limi	ited Liability Company			
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.			
Please return	all correspon	dence concerning this matter	to the following:			
		ERIK HARP				
			Name of Person			
		ELLYSON OAKS REALT	ΓY, LLC			
		Firm/Company		····		
		1016 THOMAS DR #177				
			Address		=	3 1 1 1 1 1 1 1 1
		PANAMA CITY BEACH,	, FL 32408		HAR -2	AHA AHA AHA
		CANIINVESTMENTSLLC	City/State and Zip Code			255 255 255 255 255 255 255 255 255 255
			to be used for future annual report notifica	tion)	PX	
For further in	nformation co	ncerning this matter, please ca	·	·	1:16	THE STATE OF THE S
MELISSA F	RAMIREZ		303 589-3056			
	Name of	Person	at () Area Code Daytime To	elephone Number		
Enclosed is a	a check for the	e following amount:				
■ \$25.00 F	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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ELLYSON OAKS REALTY, LLC		
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L17000036287	were filed on FEBRUARY 15, 2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		্র
		THE DESIGNATION OF THE PERSON
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		70 m
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address here.		the name of the nev
Name of New Registered Agent:		<u></u>
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
I hereby accept the appointment as registered agent and agi	ree to act in this capacity. I further ag	ree to comply with the

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 Pérson(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

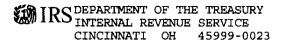
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Sharpe	206 CLUB HOUSE DR W	□ Add
		FREEPORT, FL 32439	■ Remove
			☐ Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
	-		Add
			Remove
			☐ Change

EIN# 84-5484304	
	· · · · · · · · · · · · · · · · · · ·
	2
	P
	σ
frective date, if other than the date of filing: frective date is listed, the date must be specific and cannot be prior to date of filing or mo If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) re than 90 days after filing.) Pursuant to 605.03 requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective time 90th day after the record is filed.	me, at 12:01 a.m. on the earlier
MARCH 1 2017 /	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee



Date of this notice: 02-24-2017

Employer Identification Number:

81-5484304

Form: SS-4

Number of this notice: CP 575 B

ELLYSON OAKS REALTY LLC ERIK HARP MBR 1016 THOMAS DR P C BEACH, FL 32408

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 81-5484304. This EIN will identify you, your business accounts, tax returns and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065 03/15/2018

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, Entity Classification Election. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is ELLY. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

Keep this part for your records.

CP 575 B (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 B

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 02-24-2017)

EMPLOYER IDENTIFICATION NUMBER: 81-5484304

FORM: SS-4

NOROD

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 taladahdahdahdahdahlandlassahdahdah

ELLYSON OAKS REALTY LLC ERIK HARP MBR 1016 THOMAS DR P C BEACH, FL 32408