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COVER LETTER

TO: Re Di	egistration Sec ivision of Corp	tion orations		
•		ANS-2C ROSEMARY BEACH	I, LLC	
SUBJECT	:	Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please retu	rn all correspor	idence concerning this matter to	o the following:	
		MARY LYNN MCKENZIE	3	
			Name of Person	
			Firm/Company	
		3588 PRESERVE LANE		
			Address	
		MIRAMAR BEACH, FL 32	2550	
		emckenzievegns@gmail.com	City/State and Zip Code	
		E-mail address: (t	o be used for future annual report notific	ntion)
For further	r information c	oncerning this matter, please ca	dl:	
Edson S. I	McKenzie		702 510-2969	
	Name o	f Person	at () Area Code Daytime	Felephone Number
Enclosed	is a check for th	ne following amount:		
\$25.04	9 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

THE ORLEANS-2C ROSEMARY BEACH,		
(Name of the Limited Liability (A Florida	ky Company as it now appears on our records,) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/15/2017	and assigned
Florida document number L17000037006	<u></u> -	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
		
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDI	RESS)	<u>:</u>
		ب ب
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		enter the name of the r
registered agent and/or the new registered office add	iress nere:	
Name of New Registered Agent:		
N P 1 1000 411		
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	CRV	ZID V.(ALE

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, Stanature 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	EDSON S. MCKENZIE	432 HOLLY POINT RD.	
MGR			
		FREEPORT, FL 32439	
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ffective date, if other than the d an effective date is listed, the date must b	late of filing:be specific and cannot be prior	to date of filing or more ti	(optional) nan 90 days after filing.) Pr	irsunnt to 605.0
lote: If the date inserted in this blococument's effective date on the Dep	ck does not meet the applic	able statutory filing rec	uirements, this date wil	l not be listed
e record specifies a delayed The 90th day after the reco		t an effective time	e, at 12:01 a.m. on	the earlier
ated	2018	 .		
	X-MCKeu			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00