

L170000 64414

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

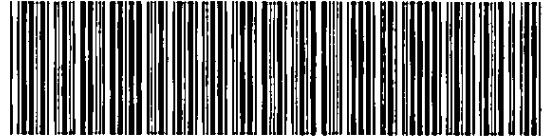
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100381151671

FILED

2022 FEB 10 PM 2:40

CLERK OF SUPERIOR COURT

Amend

MA? 01 2022

D CUSHING

GP

(For Office Use Only)

COVER LETTER

TO: Reinstatement Section
Division of Corporations

SUBJECT: Endless Summer Cottage, LLC.
Name of Partnership

DOCUMENT NUMBER: L17000064414

The enclosed Amendment to Partnership Registration and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Theresa R. Carter, managing member
Name of Person

Endless Summer Cottage, LLC
Firm/Company

140 Allison Timbers Rd.
Address

Piney Flats, TN. 37686
City/State and Zip Code

girlsnowdog@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Theresa R. Carter at (423) 341.6868
Name of Person Area Code & Daytime Telephone Number

Mailing Address:

Reinstatement Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Reinstatement Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Endless Summer Cottage, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2022 FEB 18 PM 2:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03.17.2017 and assigned Florida document number L17000064414

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: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____

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

[illegible]



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. _____

Dated February 10, 2022.

Theresa B Carter

Theresa R. Carter

Typed or printed name of signee