

L170000 75 007

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

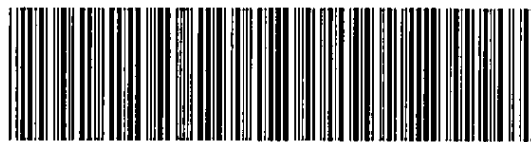
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

19 JUN 21 AM 8:11

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JUL 05 2019

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

DEER CREEK FAMILY, 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:

Leslie A. Underwood

Name of Person

Robert D. Hinshaw, Attorney at Law

Firm/Company

185 Kimel Park Drive, Suite 200

Address

Winston-Salem, NC 27103

City/State and Zip Code

grp@rhinshawlaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Leslie A. Underwood

336 760-2000

at ( )

760-2000

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Daytime Telephone Number

Daytime Telephone Number

Enclosed is a check for the following amount:

 \$25.00 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**

DEER CREEK FAMILY, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 04-03-2017 and assigned  
Florida document number L17000075007.

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)

95 COOPERS LANE

POOLER, GA 31322

FILED  
JUN 21 AM 11  
TALLAHASSEE, FLORIDA

**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:

WILLIAM TRAVIS STEWART

New Registered Office Address:

2450 ST. GEORGE DRIVE

*Enter Florida street address*

DAVENPORT

Florida 33837

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WILLIAM D. STEWART	2450 ST. GEORGE DRIVE	<input type="checkbox"/> Add
		DAVENPORT, FL 33837	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	WILLIAM TRAVIS STEWART	95 COOPERS LANE	<input checked="" type="checkbox"/> Add
		POOLER, GA 31322	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	TRACIE LEE ROWE	1317 LONGCREEK DRIVE	<input checked="" type="checkbox"/> Add
		HIGH POINT, NC 27262	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

WILLIAM D. STEWART DIED MAY 7, 2019. BEFORE DEATH, WILLIAM D. STEWART ASSIGNED

HIS OWNERSHIP INTEREST TO THE WILLIAM D. STEWART TRUST DATED MARCH 23, 2017.

WILLIAM TRAVIS STEWART AND TRACIE LEE ROWE SERVE AS SUCCESSOR TRUSTEES.

WILLIAM TRAVIS STEWART AND TRACIE LEE ROWE, AS TRUSTEES, NOW SERVE

AS MEMBER MANAGERS, JOINTLY AND SEVERALLY.

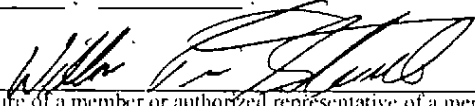
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated JUNE 19 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

WILLIAM TRAVIS STEWART, MEMBER MANAGER

\_\_\_\_\_  
Typed or printed name of signee