

**L17000103272**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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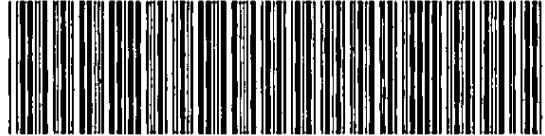
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

N COOPER

MAR 21 2018

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TALLAHASSEE, FLORIDA  
18 MAR 20 AM 1:51

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 4342 Coastal Highway, 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:

Anna Marks

Name of Person

Firm/Company

6450 Solano Farm Road

Address

Elkton, FL 32033

City/State and Zip Code

AMarks @ mayresort.com

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

For further information concerning this matter, please call:

Anna Marks

Name of Person

at (904) 669-1330

Area Code

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

9342 Coastal Highway, LLC

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

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The Articles of Organization for this Limited Liability Company were filed on 5/9/2017 and  
Florida document number LI1000103272.

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**)

6450 Solano Farm Road  
Elkton, Florida 32033

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

6450 Solano Farm Road  
Elkton, Florida 32033

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:

Anna Marks

New Registered Office Address:

6450 Solano Farm Road

Enter Florida street address

Elkton

City

Florida

32033

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.

Anna Marks

If Changing Registered Agent, Signature of New Registered Agent

Anna Marks

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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	Valerie Lee	24 west Castillo Dr .	<input type="checkbox"/> Add
		Saint Augustine, Fl. 32084	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Anna Marks	4450 Solano Farm Road	<input checked="" type="checkbox"/> Add
		Elkton, Florida 32033	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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E. Effective date, if other than the date of filing: 3/20/2018 (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 March 20, 2018

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

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