

L17000109015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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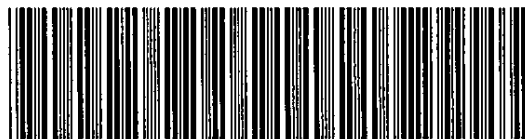
(Business Entity Name)

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SEP 19 2017
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DELL GRAHAM

JOHN D. JOPLING* ELLEN R. GERSHOW* DAVID M. DELANEY** MICHAEL S. DONSKY* RUPA S. LLOYD††

JAMIE LYNN WHITE ERIC M. NEIBERGER BRENT D. HARTMAN

September 14, 2017

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

Via Certified Mail Receipt: # 7014 2120 0002 3080 7126

Re: Amendment to Articles of Organization for:

CORPORATION: REEF WATCH, LLC
DOCUMENT NO: L17000109015

To Whom It May Concern:

On behalf of our client, Reef Watch, LLC, enclosed please find the Amendments to Articles of Organization for the above referenced corporation. Also enclosed is a check made payable to the Florida Department of State for \$25.00 which represents the filing fee for the Amendment.

Please forward confirmation of the filing to my attention at Dell Graham, P.A., 203 N.E. 1st Street, Gainesville, Florida 32601. If you have any additional questions, please contact me at (352) 372-4381, or by e-mail at rlloyd@dellgraham.com.

Sincerely,



Rupa S. Lloyd, Partner
Attorney at Law

Encl:

Amendments to Articles of Organization
Check for \$25.00 (filing fee)

*Florida Board Certified Civil Trial Lawyer † Florida Board Certified in Wills, Trusts & Estates

**Florida Board Certified in Education Law †† AHCA Licensed Healthcare Risk Manager

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REEF WATCH, 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:

RUPA S. LLOYD, ESQUIRE

Name of Person

DELL GRAHAM

Firm/Company

203 NE 1ST STREET

Address

GAINESVILLE, FL 32606

City/State and Zip Code

jfitz001@gmail.com

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

For further information concerning this matter, please call:

Ms. Rupa Lloyd

352

416-0078

at (_____) _____

Name of Person

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**

REEF WATCH, 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 05/17/17 and assigned
Florida document number L17000109015.

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

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>
AMBR	FITZSIMMONS, MONETTE A.	2446 NW 13TH PLACE	<input type="checkbox"/> Add
		GAINESVILLE, FL 32605	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 SEPTEMBER 14 2017

Signature of a member or authorized representative of a member

Typed or printed name of signer

FILED
SEP 18 PM 1:38
TALLAHASSEE FL 32304
DEPT. OF STATE