

L17000124165

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

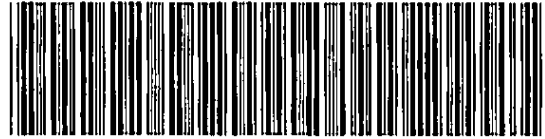
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JAN 14 2018

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JAN 24 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 16, 2018

SCOTT REECE
2202 HWY 98, STE 100
MEXICO BEACH, FL 32456-7144

SUBJECT: NAUTICAL PROPERTY SERVICES, LLC
Ref. Number: L17000124165

We have received your document for NAUTICAL PROPERTY SERVICES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

There can only be 1 registered agent listed for a entity. You will need to complete an amendment form to add, change or remove members, form enclosed.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia L Simmons
Regulatory Specialist II

Letter Number: 718A00000865

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nautical Property Services, 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:

SCOTT REECE
Name of Person

Nautical Property Services LLC
Firm/Company

142 Kaelyn Lane
Address

Port St. Joe FL 32456
City/State and Zip Code

reececot@netscape.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT REECE at (850) 340-3640
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Nautical Property Services 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 6-7-2017 and assigned Florida document number L17000124165.

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)

142 Kaelyn Lane
Port St Joe FL 32456

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

142 Kaelyn Lane
Port St Joe FL 32456

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:

Scott Reece

New Registered Office Address:

142 Kaelyn Lane

Enter Florida street address

Port St Joe, Florida 32456

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	Edward Clark	PO Box 13222 Mexico	<input type="checkbox"/> Add
		Mexico Beach FL 32410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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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

1-23-18


Signature of a member or author

Signature of a member or authorized representative of a member

Scott Reece

Typed or printed name of signee