

L17000157643

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

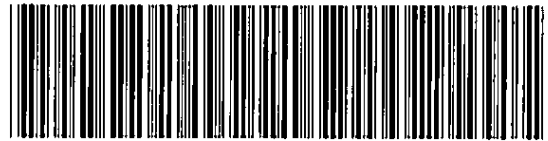
(Business Entity Name)

(Document Number)

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01/28/20--01014--004 **25.00

FILED
2020 JAN 28 PM 12:07
SECRET
FALL 2020

Y. SULKER
JAN 28 2020

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wakulla Investment Properties, 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:

David F. Harvey

Name of Person

Wakulla Investment Properties, LLC

Firm/Company

2931 Crawfordville Hwy.

Address

Crawfordville, FL 32327

City/State and Zip Code

david@davidfharvey.com

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

For further information concerning this matter, please call:

David F. Harvey

850 570-7424

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 Address:

Registration 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**

Wakulla Investment Properties, 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 07/24/17 and assigned
Florida document number L17000157643.

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:

David F. Harvey

New Registered Office Address:

Enter Florida street address

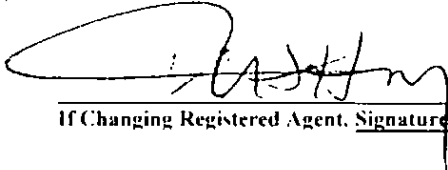
Florida

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>
MGR	Jennifer Ladd Botero	Wakulla Investment Properties, LLC	<input type="checkbox"/> Add
		2931 Crawfordville Hwy.	<input checked="" type="checkbox"/> Remove
		Crawfordville, FL 32327	<input type="checkbox"/> Change
MGR	Alice Faye Peters	Wakulla Investment Properties, LLC	<input checked="" type="checkbox"/> Add
		2931 Crawfordville Hwy.	<input type="checkbox"/> Remove
		Crawfordville, FL 32327	<input type="checkbox"/> Change
RA	Jennifer Ladd Botero	Wakulla Investment Properties, LLC	<input type="checkbox"/> Add
		2931 Crawfordville Hwy.	<input checked="" type="checkbox"/> Remove
		Crawfordville, FL 32327	<input type="checkbox"/> Change
RA	David F. Harvey	Wakulla Investment Properties, LLC	<input type="checkbox"/> Add
		2931 Crawfordville Hwy.	<input type="checkbox"/> Remove
		Crawfordville, FL 32327	<input checked="" 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

[illegible]

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee

Filing Fee: \$25.00