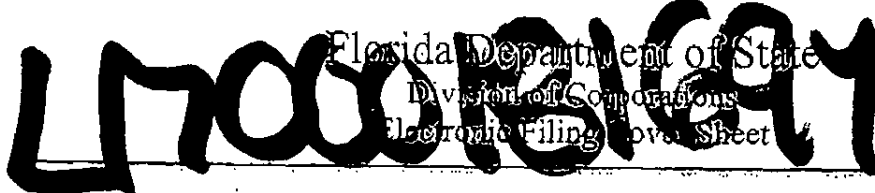


Division of Corporations



Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H17000246578 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : BLALOCK, WALTERS, WELD & JOHNSON, P.A.
Account Number : 076666003611
Phone : (941)748-0100
Fax Number : (941)745-2093

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: e.pennington@blalockwalters.com

2017 SEP 20 AM 10:40

ALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CANNONS REAL ESTATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

D. SCOTT

SEP 21 2017

(((H17000246578 3)))

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CANNONS REAL ESTATE, 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:

MATTHEW J. LAPOINTE

Name of Person

BLALOCK WALTERS, P.A.

Firm/Company

802 11TH STREET WEST

Address

BRADENTON, FLORIDA 34205

City/State and Zip Code

EPENNINGTON@BLALOCKWALTERS.COM

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

For further information concerning this matter, please call:

MATTHEW J. LAPOINTE

Name of Person

941-
at ()

Area Code

748-0100

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

FILED
17 SEP 20 PM 10 18
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CANNONS REAL ESTATE, 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 8/24/17 and assigned
Florida document number L17000181697

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

09/20/2017 09:16 Blalock Walters

(FAX)7542093 P.004/005
(((H17000246578 3)))

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	DAVID MILLER	6040 GULF OF MEXICO DRIVE	<input type="checkbox"/> Add
		LONGBOAT KEY, FL 34228	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SEP 20 10 18
ST. JOHNS COUNTY
FLORIDA

P.005/005

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

[illegible]

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 Sep 20, 2017, _____

Signature of _____

Signature of a member or authorized representative of a member

Matthew J Lapointe, Auth. Rep.

Typed or printed name of signee

SEP 20 AM 10:18
FBI - NEW YORK