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COVER LETTER

TO:		ration Section of Corpor			
SUBJE	ст.	LANDMARI	K REALTY GULF BEACHES	S, LLC	
30,000			Name of Limi	ted Liability Company	
The en	closed A	rticles of Am	nendment and fee(s) are subr	nitted for filing.	
Please	return al	Leorresponde	ence concerning this matter t	o the following:	
			KEVIN	L. CHADWICK	
				Name of Person	
			LANDMARK REALT	Y GULF BEACHES, LLC	
				Firm/Company	
			263 COREY AVENU	ΙE	
				Address	
			ST PETERSBURG, F	FL 33706	
		-	KLRW739@KW.CO	M o be used for future annual report no	tification)
For fur	th c r info	rmation conc	terning this matter, please ca		
	Rebec	ca Bryant		at (813) 699-170	
		Name of Pe	erson	Area Code Daytii	me Telephone Number
Enclos	ed is a cl	heck for the f	ollowing amount:		
□ \$2.	5.00 Fili	ng 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 Tallahassec, 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

LANDMARK REALTY	Y GULF BEACHES, LLC		
(Name of the Limited	Liability Company as it now app Florida Limited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liab	pility Company were filed on	SEPTEMBER 27th, 2017	_ and assigned
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company	here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," th	ne designation "LLC" or the abbre	eviation "L.1C."
Enter new principal offices address, if applicab	ole:		
Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE Bo	<u></u>		
3. If amending the registered agent and/or egistered agent and/or the new registered office		on our records, enter th	e name of the ne
Name of New Registered Agent:			
New Registered Office Address:			
	Enter l	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>	Address	Type of Action
MGRM	RACHEL SARTAIN	70 Beach Dr NE, St. Petersburg, FL 33701	
			□ Remove
			Change
MGRM	KEVIN L. CHADWICK	2119 W. BRANDON BLYD A BRANDON, FL 33511	j Ó Add
			Remove
			Change
			Add
			Remove
			Change
<u></u>			
			☐ Remove
			Change
			🗖 Add
			Remove
			Change
			Add
			Remove
			Change

If amend	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
(If an effecti Note: If	date, if other than the date of filing:
he recor The 90	d specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier of 0 th day after the record is filed.
Dated	September 28th
	Signature of a member or authorized representative of a member
	Kevin Chadwick
	Typed or printed name of signee

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Filing Fee: \$25.00