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TO:

TO: Re 'Di	gistration Se vision of Cor	ction porations		
CHDIE <i>C</i> T.		at Big Bend Bungalows, LLC		
SUBJECT:	<u> </u>	Name of Lim	ited Liability Company	
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ondence concerning this matter	to the following:	
		Janice Emmons		
			Name of Person	
		The Shack at Big Bend Bu	ngalows, LLC	
			Firm/Company	
		P.O. Box 52		
	•		Address	
		Saint Marks, FL 32355		
			City/State and Zip Code	
		itsuniqueboutique@gmail.c		
For further	information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	illication)
Janice Emr	nons		715 595-3310	
	Name o	f Person	Area Code Daytir	nc Telephone Number
Enclosed is	a check for th	ne 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)
	ailing Addres		Street Address:	action
	egistration S ivision of C	Section Orporations	Registration Se Division of Co	
P.	O. Box 632	27	The Centre of	Tallahassee
Та	illahassee, l	FL 32314	2415 N. Monro	oc Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Shack at Big Bend Bungalows, 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 $\frac{09/27-2017}{1}$ Florida document number 1.17000199900 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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

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 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
MGR	Scot Kern	2300 Bluff Oak Way Apt, 8204 Tallahassee, FL 3231	1 ≣Add
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-(-)	Farrie Signat	ure of a member	or authorized rep	presentative of a n	nember	

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Filing Fee: \$25.00