

L17000216563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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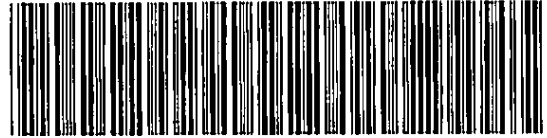
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

2018 APR 16 PM 2:53

FILED

J. LEGGETT
APR 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sugar Shores Cottage 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:

Michèle Merriott
Name of Person

Firm/Company

88 Bayou Manor Road
Address

Santa Rosa Beach, FL 32459
City/State and Zip Code

michekmerriott@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michèle Merriott at 850 499-9408
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sugar Shores Cottage 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 October 19, 2017 and assigned Florida document number L17000216563

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Sugar Shores Group LLC
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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

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

Title	Name	Address	Type of Action
MGR	Michele Merriott	88 Bayou Manor Rd	<input type="checkbox"/> Add
↑ update		Santa Rosa Beach, FL	<input type="checkbox"/> Remove
		32459	<input type="checkbox"/> Change
MGR	Kerri Morris	P.O. Box 2156	<input checked="" type="checkbox"/> Add
		Santa Rosa Beach, FL	<input type="checkbox"/> Remove
		32459	<input type="checkbox"/> Change
AMBR	Jacqueline Ellis	425 Larkspur Court	<input type="checkbox"/> Add
		Niceville, FL	<input checked="" type="checkbox"/> Remove
		32578 32459	<input type="checkbox"/> Change
AMBR	Shirley A. Regan	28 Virginia Court	<input type="checkbox"/> Add
		Niceville, FL	<input checked="" type="checkbox"/> Remove
		32578	<input 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

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

2018 APR 16 PM 2:53
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

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E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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.

Dated

April 12, 2018

Signature of a member or authorized representative of a member

Michele Merriott

Typed or printed name of signee