## LICUISCO

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## **COVER LETTER**

TO: Re Div	gistration Sec vision of Corp	tion & orations			
OUBTECT		lave at Middle Beach, LLC			
SOBJECT:		Name of Limi	ited Liability Company		
The enclose	d Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return	n all correspon	dence concerning this matter	to the following:		
		Misty Kent			
			Name of Person	<del></del> .	•
		Royal American Companie	es		
			Firm/Company		
		1002 W. 23rd St., Ste. 400			
			Address	<del></del>	
		Panama City, FL 32405			
			City/State and Zip Code		
		misty.kent@royalamerican.			
To Calor	·		to be used for future annual rep	or nouncation)	,
		ncerning this matter, please ca			
Misty Kent			at ()		<u> </u>
	Name of	Person	Area Code	Daytime Telephone Number	· —
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	■ \$55,00 Filing Fee & Certified Copy (additional copy is enclose	ed) Certified	te of Status &

MAILING ADDRESS:

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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

RA The Enclave at Middle Beach, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appears on our records. Limited Liability Company)	.)
The Articles of Organization for this Limited Liability C	ompany were filed on 10/31/17	and assigned
Florida document number 1.17000225689	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company." the designation "Lf.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	PESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist	tered office address on our records	enter the name of the ne
registered agent and/or the new registered office addi		enter the name of the ne
		ı
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flo	
	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 of removed from our records:

## MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Southern Coastal Mortgage Co	1002 W. 23rd St., Ste. 400	
		Panama City, FL 32405	Remove
			Change
MGR	Waddell Plantation, Inc.	1002 W. 23rd St., Ste. 400	■ Add
		Panama City, F1. 32405	☐ Remove
			Change
AMBR	Southern Coastal Mortgage Co	1002 W. 23rd St., Ste. 400	Add
		Panama City, FL 32405	<b>∃</b> Remove
			Change
AMBR	Waddell Plantation, Inc.	1002 W. 23rd St., Ste, 400	B Add
		Panama City, FL 32405	□ Remove ,
			☐ Change
			Add
			☐ Remove
			Change
			Remove
			☐ Change

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ective date, if other than the	e date of filing:	12/05/17		(opt	tional)	
effective date is used, the date int	ist de specific and ca	annouse prior to	date of fitting of me	re than 90 days aft	er filing.) Pursuant to 0	
e: If the date inserted in this bument's effective date on the I			ic statutory timig	requirements, ii	iis date will not be i	isica
record specifies a delaye		te, but not a	an effective ti	me, at 12:01	a.m. on the ea	rlier
he 90th day after the red	ord is filed.				L	
November 30		2017				
ed November 50			. •			
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	6 K 1/ [//]					
w	Signature of a me	inper or surviori	ved representative of	of a member	· · · · · · · · · · · · · · · · · · ·	

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Filing Fee: \$25.00