

L17000 235087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

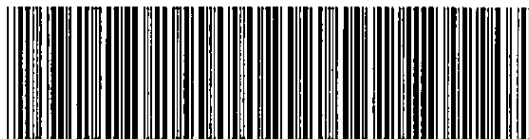
(Business Entity Name)

(Document Number)

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C. KILSEN

# McMichael & Gray, PC

A T T O R N E Y S A T L A W

**Destin Office**  
543 Harbor Blvd. #102  
Destin, FL 32541  
850.502.5309 Office  
678.802.4836 Fax

**CRISTINA HUNT, PARTNER**  
**BRANDI CULHANE, MANAGING ATTORNEY**  
**AMY BLACKMON, ASSOCIATE**

October 23, 2019

Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

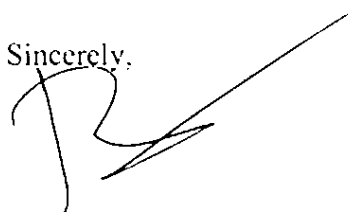
Re: LLC Amendment

Dear Division of Corporations,

Please find enclosed the LLC amendment application for Florida Charms Rentals & Realty, LLC, a Florida limited liability company ("the Company"). I am submitting this application to you on behalf of my client, Jonathan Howard, Authorized Member of the Company.

Please let me know if you have any questions.

Sincerely,



Brandi Culhane

Managing Attorney

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Charms Rentals & Realty, 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:

Jonathan Howard

\_\_\_\_\_  
Name of Person

Florida Charms Rentals, LLC

\_\_\_\_\_  
Firm/Company

353 Bay Circle Dr.

\_\_\_\_\_  
Address

Santa Rosa Beach, FL 32459

\_\_\_\_\_  
City/State and Zip Code

jonathanhoward17@icloud.com

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

For further information concerning this matter, please call:

Jonathan Howard

409 779-4279  
at ( )

\_\_\_\_\_  
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**

Florida Charms Rentals & Realty, 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 11/14/2017 and assigned  
Florida document number L17000235087.

This amendment is submitted to amend the following:

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

Florida Charms Rentals, 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)

225 Main St. #13

Destin, FL 32541

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

225 Main St. #13

Destin, FL 32541

**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:

McMichael & Gray, PC

New Registered Office Address:

543 Harbor Blvd. #102

*Enter Florida street address*

Destin

*City*

, Florida 32541

*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

*Brandi Culhane*

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

*Address changed for members*

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Jonathan Howard	225 Main St. #13	<input type="checkbox"/> Add
		Destin, FL 32541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Rizzete Howard	225 Main St. #13	<input type="checkbox"/> Add
		Destin, FL 32541	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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**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 October 23, 2019

Signature of a member or authorized representative of a member

Typed or printed name of signee