## L17000247689

(Requestors Name)
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(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
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## **COVER LETTER**

	Registration Se Division of Cor			
CHB IE/	Emerald Co	oast Resorts, LLC		
SUBJEC	·	Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	um all correspo	ondence concerning this matter	to the following:	
		Bart Begley		
			Name of Person	<del></del>
		Salt Water Vacations, LLC		
			Firm/Company	<del></del>
		947 Bambi Dr		
		<del></del>	Address	<del></del> _
		Destin, FL 32541		
			City/State and Zip Code	
		barbegley1@gmail.com		
		E-mail address: (	to be used for future annual report r	notification)
For further	er information c	oncerning this matter, please ca	all:	
Bart Beg	ley		850 830-1848	
	Name o	f Person	at () Area Code Day	time Telephone Number
Enclosed	is a check for the	he following amount:		
\$25.0	0 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

Emerald Coast Resorts, LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) mpany)
he Articles of Organization for this Limited Liability Company were filed lorida document number $\frac{L17000247689}{L17000247689}$ .	d on Dec 4, 2017 and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liability com	pany here:
alt Water Vacations, LLC	
ne new name must be distinguishable and contain the words "Limited Liability Compar	
nter new principal offices address, if applicable:	833
The part of the same of the sa	70 (
	<del>ت ت ت</del>
nter new mailing address, if applicable:	20
failing address MAY BE A POST OFFICE BOX)	
Tuning unitess mat the ATOST OFFICE BOXY	
. If amending the registered agent and/or registered office add	ress on our records, enter the name of the
gistered 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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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Effective date	, if other than the date of	f filing:		(optional)	
I an effective dat Note: If the da	e is listed, the date must be spec te inserted in this block doe:	and cannot be prior to s not meet the applica	o date of filing or more that ble statutory filing requi	i 90 days after filing.) P frements This date wi	ursuant to 605,9 Il not be lister
document's effe	ective date on the Departme	nt of State's records.	ore manarory ming requi	a cine in a cine cine	
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Filing Fee: \$25.00

Typed or printed name of signee