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(Re	questor's Name)	
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(Do	cument Number)	
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2019 MÄR 19 P 1: 25 SECRE LARY OF SECTION

MAR 2 9 2019 T. LEWIEUX

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: FAN	CY CAMES CLATTON Name of Limi	LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ERIN C	ARR Name of Person	
	FANCY C	AMP5 Firm/Company	
	3116 W	LAWN AUE Address	
	Princ E-mail address: (t	FL 33(0) City/State and Zip Code Surfish holding to be used for future annual report no	is. Com
For further information c	oncerning this matter, please co	all:	
ERIN C	ARR of Person	at (<u>813</u>) <u>205</u> Area Code Daytin	- 038.3 ne Telephone Number
Enclosed is a check for the	he 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

PANCY CAMPS CLATION LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on ______________________________and assigned Florida document number <u>L18000009113</u>. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FANCY CAMPS TOPSATE 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) 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 Cirv

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 Type of Action <u>Address</u> Title Name _□ Add □ Remove \square \land dd _____ Remove __ D Change ☐ Remove _□ Change _□ Add ___ _ _ _ Remove _□ Change □ Add ☐ Remove _

Change □ Add _□ Remove □ Change

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Note:	ve date, if other than the date of filing:	207 as
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier 90th day after the record is filed.	of
ated	March 14 . 2019 .	
	Signature of a member or authorized representative of a member	
	ERIN P. CARR Typed or printed name of signee	

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Filing Fee: \$25.00