## 118000034766

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(Address)
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(City/State/Zip/Phone #)
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2021 DEC 17 PN 4: 33



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 TTO 17 AM 7:41

nevision

December 6, 2021

SUMMER L. MCLAUGHLIN 23349 NW CR 236 STE 10 HIGH SPRINGS, FL 32643

SUBJECT: CANOE OUTPOST OF HIGH SPRINGS, LLC

Ref. Number: L18000034766

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "Ltd.," and "Co."

JAW PROPERTIES, LLC-L04000031153

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Querida R Silas Regulatory Specialist II

Letter Number: 421A00029308

www.sunbiz.org

Division of Comparations D.O. DOV 6297 Tollahossos Florido 29214

## COVER LETTER

TO:

Registration Section

Division of Co	rporations		11(9/2
	post of High Springs, LLC		€Q1
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ondence concerning this matter	to the following:	
	Summer L. McLaughlin		
		Name of Person	<del></del>
	Grunder & Petteway, P.A.		
		Firm/Company	
	23349 NW CR 236, Ste. 1	0	
		Address	
	High Springs, FL 32643		
	summer@grunder-petteway	City/State and Zip Code	<del></del>
	-	to be used for future annual report not	ification)
For further information c	concerning this matter, please c	all:	
Summer L. McLaughlin		386 454-1298	X226
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for t	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 Addres Registration 5		Street Address:	ction
Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of T	Fallahassee
Tallahassee, l	rL 32314	2415 N. Monro	e Street, Suite 810

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Canoe Outpost of High Springs, LLC

2021 DEC 17 PH 4: 33

(Name of the Limited Liability Company as it now appears on our records: CRETARY
(A Florida Limited Liability Company)

TALLATT The Articles of Organization for this Limited Liability Company were filed on  $\frac{02/08/2018}{1}$ and assigned Florida document number L18000034766 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: J.A.W. Properties of Alachua, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: 19009 NW 233rd St. (Principal office address MUST BE A STREET ADDRESS) High Springs, FL 32643 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 \_, Florida \_\_\_ City

## 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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E. Effective	date, if other tl	han the date	of filing:				(opti	onal)	
(If an effecti <u>Note:</u> If t	e date is listed, the ne date inserted i s effective date o	date must be spended this block do	ecific and ca ses not mee	nnot be prior et the applic	r to date of fi Table statute	ling or more tha	ın 90 days after	filing.) Pursuan	t to 605.0207 (3) be listed as the
f the record specord is filed.	ecifies a delayed	effective date.	but not an	effective ti	ime, at 12:0	)1 a.m. on the	earlier of: (b	) The 90th d	ay after the
Dated No	rember 4	<b></b> .	· · ·	2021	·				
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Typed or printed name of signee