

L18000037127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

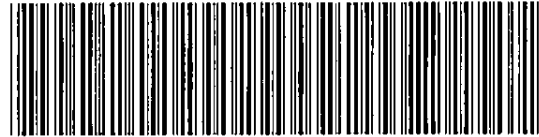
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800428281708

RECEIVED  
MAY -1 AM 8:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
2024 MAY -1 PM 3:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

6/11/24



CSC - Tallahassee  
1201 Hays Street  
Tallahassee, FL 32301-2607  
850-558-1500, Ext:

To: Department Of State, Division Of Corporations  
From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com  
Ext:  
Date: 05/01/24  
Order #: 1497281-6  
Re: FOUNTAIN X, LLC  
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

AUTH

Please take the following action:

File on a routine basis

Issue proof of filing

Return evidence to the following:

ATTN: Shauna Godbolt

c/o Corporation Service Company

251 Little Falls Drive

Wilmington, DE 19808

2024 - 1 AM 8:10  
FL STATE  
CORPORATION SERVICE  
FL

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Fountain X, 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:

Jeffrey J. Norton

Name of Person

Firm/Company

13495 Veterans Way, Suite 330

Address

Orlando, FL 32827

City/State and Zip Code

jeffrey.norton@fountainlife.com

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

STATE  
TALLAHASSEE, FL  
JUN 11 AM 8:10

For further information concerning this matter, please call:

Jeffrey J. Norton

239 207-1307  
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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fountain X, 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 2/9/2018 and assigned  
Florida document number L18000037127.

This amendment is submitted to amend the following:

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

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)**

1000 Immokalee Road, Suite 65/66

Naples, FL 34110

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

13495 Veterans Way, Suite 330

Orlando, FL 32827

**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:

Corporation Service Company

New Registered Office Address:

1201 Hays Street

*Enter Florida street address*

Tallahassee

Florida 32301

*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.*

*Shauna Godbolt*

**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

| <u>Title</u> | <u>Name</u>                 | <u>Address</u>                | <u>Type of Action</u>                      |
|--------------|-----------------------------|-------------------------------|--|
| MGR          | William K. Kapp, III        | 9132 Strada Place, Suite 200  | <input type="checkbox"/> Add               |
|              |                             | Naples, FL 34018              | <input checked="" type="checkbox"/> Remove |
|              |                             |                               | <input type="checkbox"/> Change            |
| MGR          | Tobin Geatz                 | 9132 Strada Place, Suite 200  | <input type="checkbox"/> Add               |
|              |                             | Naples, FL 34018              | <input checked="" type="checkbox"/> Remove |
|              |                             |                               | <input type="checkbox"/> Change            |
| MGR          | Matthew Burnett             | 9132 Strada Place, Suite 200  | <input type="checkbox"/> Add               |
|              |                             | Naples, FL 34018              | <input checked="" type="checkbox"/> Remove |
|              |                             |                               | <input type="checkbox"/> Change            |
| MGR          | Fountain Life Services, LLC | 13495 Veterans Way, Suite 330 | <input checked="" type="checkbox"/> Add    |
|              |                             | Orlando, FL 32827             | <input type="checkbox"/> Remove            |
|              |                             |                               | <input type="checkbox"/> Change            |
|              |                             |                               | <input type="checkbox"/> Add               |
|              |                             |                               | <input type="checkbox"/> Remove            |
|              |                             |                               | <input type="checkbox"/> Change            |
|              |                             |                               | <input type="checkbox"/> Add               |
|              |                             |                               | <input type="checkbox"/> Remove            |
|              |                             |                               | <input type="checkbox"/> Change            |

2001-1 AM 8:10  
STATE  
AMISSET, FL

**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 4/30/2024.

DocuSigned by:  
Jeffrey Norton  
BB47837E94A94D8

Jeffrey J. Norton

Typed or printed name of signee CSC COA-4725