L18000/38231

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer;	
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O SIMMONS

JAN 1 6 2020

COVER LETTER

TO:		
• CHD ICA	Creekside at Grand Haven Partners LLC	
SUBJE	Name of Limited Liability Company	
The encl	ed Articles of Amendment and fee(s) are submitted for filing.	
Please re	Division of Corporations Creekside at Grand Haven Partners LLC BJECT:	
	James McGovern	
	Name of Person	
	Creekside at Grand Haven Partners LLC	
	Firm/Company	
	3 Concorde Lane	
	Address	
	Palm Coast	
For furth	information concerning this matter, please call:	
	ms MiGaren at (38k, 931-8893	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	a check for the following amount:	
■ \$25.	Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	tus &
	rgistration Section Registration Section vision of Corporations Division of Corporations	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creekside at Grand Haven Partners LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our records.) Ia Limited Liability Company)	
he Articles of Organization for this Limited Liability	Company were filed on 6/4/2019	and assigned
lorida document number L18000138231	·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
		. SE
ne new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "LLC"	or the aboroviation
nter new principal offices address, if applicable:		DEC 16 PH 3
Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
		11. 29 FL
nter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
. If amending the registered agent and/or register		ne name of the new registe
gent and/or the new registered office address here:	•	
N. CNI. Deciment Assess		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flor	rida Zıp Code
	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 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
AMBR	James McGoven	29 N. Village Parkway	□Add
		Palm Coast FL 32137	□Remove
			Change
			SHORET AS CO.
			Signal Company
			[rf] □Remove
			Change
			□Add
			□Remove
			🗆 Remove
			□Change
			□Add
			□Remove
			□ Change

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'an effect <u>(ote:</u> H	e date, if other that tive date is listed, the date the date inserted in the control of the cont	ate must be specific this block does no	and cannot be pot meet the ap	prior to date of fili plicable statutor	ng or more than 90	(optiona days after fili tents, this da	ng.) Pursuant to 60	5.0207 (led as t
	specifies a delayed et	ffective date, but i	not an effecti	ve time, at 12:01	i a.m. on the earl	ier of: (b)	The 90th day afte	er the
	i.							
record s d is filed ated	0.22 +-	iber 12	2019	· ·				
d is filed			Ò	uthorized represe	entative of a memb	er	<u>-</u>	

Filing Fee: \$25.00