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SECRETARY OF STATE ORATIONS

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## **COVER LETTER**

| TO: Registration Se<br>Division of Cor | ection<br>porations                             |   |   |
|--|---|---|---|
| Anne's Isla                            | and Girl  |   |   |
| SUBJECT:                               | Name of Lin                                     | nited Liability Company   | <del></del>   |
| The enclosed Articles of               | Amendment and fee(s) are sub                    | omitted for filing.   |   |
| Please return all correspo             | ondence concerning this matter                  | to the following:   |   |
|  | Natalie Powers                                  |   |   |
|  |   | Name of Person  |   |
|  | Design Development Co                           | oncierge, LLC   |   |
|  |   | Firm/Company  |   |
|  | 3560 Southwind Dr.                              |   |   |
|  |   | Address   |   |
|  | Gulf Breeze, FL 32563                           |   |   |
|  |   | City/State and Zip Code   |   |
|  | designdevelopmentconci                          | erge@gmail.com<br>to be used for future annual report notifi        |   |
| For further information c              | oncerning this matter, please c                 | •   | canon   |
| Natalie Powers                         |   | 949 412-1896<br>at ( )  |   |
| Name o                                 | f Person  | Area Code Daytime   | Telephone Number  |
| Enclosed is a check for th             | ne following amount:                            |   |   |
| ■ \$25.00 Filing Fee                   | ☐ \$30.00 Filing Fee &<br>Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

| Anne's Island Girl, LLC  |   |   |
|--|---|---|
| (Name of the Limited Liability Comp<br>(A Florida Limited  | pany as it now appears on our records.)<br>Liability Company) |   |
| The Articles of Organization for this Limited Liability Compan   | y were filed on June 8, 2018                                  | and assigned                              |
| Florida document number L18000142257   |   |   |
| This amendment is submitted to amend the following:  |   |   |
| A. If amending name, enter the new name of the limited lia   | bility company here:  |   |
| The new name must be distinguishable and contain the words "Limited Liab   | oility Company," the designation "LLC" or the                 | he abbreviation "L.L.C."                  |
| Enter new principal offices address, if applicable:  |   | <b></b>                                   |
| Principal office address MUST BE A STREET ADDRESS)   |   | - 324<br>- 324<br>- 326<br>- 326<br>- 326 |
| Enter new mailing address, if applicable:  |   | O RECOVERS                                |
| Mailing address MAY BE A POST OFFICE BOX)  |   | 60 H. X.                                  |
|  |   |   |
| 3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address he Name of New Registered Agent: |   | ter the name of the ne                    |
| egistered agent and/or the new registered office address he  Name of New Registered Agent:   |   | ter the name of the ne                    |
| egistered agent and/or the new registered office address he  |   | ter the name of the ne                    |
| egistered agent and/or the new registered office address he  Name of New Registered Agent:   | re:   |   |

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

1

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 |
|--------------|------------------------|--------------------------------|----------------|
| MGR          | Greg Cook Sr.          | 3560 Southwind Dr. Gulf Breeze | ■ Add          |
|              |                        |                                | ☐ Remove       |
|              |                        |                                | Change         |
| MBR          | Greg Cook Family Trust | 3560 Southwind Dr. Gulf Breeze | Add            |
|              |                        |                                | □ Remove       |
|              |                        |                                | Change         |
| MOR          | Materia Powers Kep.    |                                |                |
|              |                        |                                |                |
|              |                        |                                | Change         |
|              |                        |                                |                |
|              |                        |                                | Remove         |
|              |                        |                                | ☐ Change       |
|              |                        |                                |                |
|              |                        |                                | ☐ Remove       |
|              |                        |                                | ☐ Change       |
|              |                        |                                | Add            |
|              |                        |                                | Remove         |
|              |                        |                                | C Change       |

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|  |  |                            | <u>.                                    </u> | <del></del>  |
| ective date, if other than the   | date of filing:  |                            | (optional)                                   |  |
| effective date is listed, the date mu<br>e: If the date inserted in this bi<br>ument's effective date on the D | st be specific and cannot be lock does not meet the ap | oplicable statutory filing | re than 90 days after filing.) Pu            | rsuant to 605.0207  <br>I not be listed as t   |
| record enecifies a delevi-   | d offoctivo data leve                                  | not an official size       | no nt 13:01                                  | the mention of   |
| record specifies a delayed<br>ne 90th day after the rec  | ord is filed.  | . not an effective til     | ne, at 12:01 a.m. on                         | the earlier of:  |
| ed June 11   | 201  | 18.                        |  |  |
|  |  | <del></del> '              |  |  |

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Typed or printed name of signee

Filing Fee: \$25.00