118000143136

| (Requé | estor's Name) | |
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| (Addre | ss) | |
| (City/S | tate/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busin | ess Entity Name | e) |
| (Docu | ment Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to Fili | ng Officer: | |
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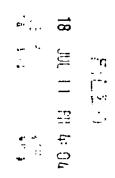
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S. PRATHER





June 27, 2018

MICHAEL ZIMMERMAN 21 RUE D ETRETAT DESTIN, FL 32541

SUBJECT: LAFAYETTE"S LANDING L.L.C.

Ref. Number: L18000143136

We have received your document for LAFAYETTE"S LANDING L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Page 2 is missing.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 418A00013385







COVER LETTER

| SUBJECT: La fayettes Landing L.L.C. Name of Limited Liability Company |
|--|
| 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: |
| Michael C Zimmerman |
| Name of Person |
| |
| Firm/Company |
| 21 Rue d Etretat |
| Destin FC 32541 City/State and Zip Code |
| |
| E-mail address. (to be used for future annual report notification) |
| For further information concerning this matter, please call: |
| Michael C. Zimmerman at (850) 712-6138 Name of Person Area Code Daytime Telephone Number |
| Name of Person Area Code Daytime Telephone Number |
| Enclosed is a check for the following amount: |
| S25.00 Filing Fee Scrifficate of Status Certificate of Status Certificate of Status St |

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

La fayette's Landing L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
|---|---|
| (A Florida Limited Liability Company) | <u></u> |
| | -; ••, |
| (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on | and assigned |
| Florida document number <u>L 18000 143 136</u> | <u> </u> |
| | |
| This amendment is submitted to amend the following: | - · · · · · · · · · · · · · · · · · · · |
| A. If any adian some naturally non-name of the limited liability company home. | |
| A. If amending name, enter the new name of the limited liability company here: | |
| Eugenés Landing L.L.C. The new name must be distinguishable and contain the words "Directed Liability Company," the designation "LLC" or | ₩ '' ₽ |
| The new name must be distinguishable and contain the words "Emitted Liability Company," the designation "LLC" or | r the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | |
| | |
| (Principal office address MUST BE A STREET ADDRESS) | |
| | <u> </u> |
| | |
| Fatou many mailing address of applicables | |
| 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, e | enter the name of the new |
| registered agent and/or the new registered office address here: | |
| | |
| Name of New Registered Agent: | |
| Name of New Neglinered Agent. | <u> </u> |
| New Registered Office Address: | |
| Enter Florida street address | |
| Floria | da |
| . Florid | 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 | er agree to comply with the |

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

| <u>Title</u> | Name | Address | Type of Action | | |
|--------------------------|----------------|---------------------------------------|--------------------------------------|--|--|
| MGR Michael C. Zimmerman | | 21 Rue d Etretat, Destin R | no □ Add Change | | |
| | | 32,541 | □ Remove | | |
| | | | Change | | |
| MER | David A. Moore | 43 Hollyn court Freeport, FL 32439 | Add | | |
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| i effective date | , if other than the date is listed, the date must be s | pecific and cannot be prior | to date of filing or more than | optional (optional) 190 days after filing | g.) Pursuant | . to 605 | .0207 |
| | te inserted in this block c ective date on the Depart | | able statutory filing requi | rements, this date | e wili not l | e liste | ed as |
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| | | | t an effective time, a | at 12:01 a.m. | on the | earlie | er of |
| he 90th d | lay after the record | is filed. | | | | | |
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| | Michai | Typed or printe | d name of signee | | | | , |

Page 3 of 3

Filing Fee: \$25.00