Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000021456 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE FARR LAW FIRM

Account Number : 103654001666 : (941)639-1158 Phone

Fax Number : (941)639-0028

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

RENOVATIONSVCS@GMAIL.COM

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN WATERSIDE RENOVATIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 2 2 7019

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

1/18/2019

4190000214563

COVER LETTER

19
19 JEH 18 AH 9: 55
9: 55
us & osed)
1

MAILLING 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
Tallabassee, FL 32301

FAX No. 941-539-0028

#190000214**5**63

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

inted Liability Company))
oany were filed on 06/20/2018	and assigned
liability company here:	
Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
<u> </u>	
ed office address on our records,	enter the name of the ne
Enter Florida street address	
, Flor , Flor	rida Zip Code
	liability company here: Liability Company," the designation "LLC" S) d office address on our records, here: Enter Florida street address , Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

Po 1 32		200	- ^ -	2000
F4 (of the	9.2	-839-	BILLZ

JAN/18/2019/FRI 11:25 AM Farr Law Firm FAX No. 941-539-0028 P. 004

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
AMBR	MILLER, SHANNA L	21520 KENYON AVE	
		PORT CHARLOTTE, FL 33952	■ Remove
			Change
MGR	MILLER, SHANNA L	21520 KENYON AVE	
		PORT CHARLOTTE, FL 33952	Remove
			☐ Change
MGR	TIPPINS II, RICHARD RAY	21520 KENYON AVE	<u>>∵⊁</u> ≣∡ø dd
		PORT CHARLOTTE, FL 33952	Remove
			Charge 1
			9. 55 9. 55
			□ Remove
			Change
			Remove
			Change
			□ Add
			☐ Remove
			□ Change

amending any other information	, ,	, (-)	•					
		-		_				
		·						
								
						· ·		
		~~~						
			<u>-</u>					
							9	
						- <del>1</del>	2	
				<del></del>	(antions	1.33SE	-8- A±	:
ffective date, if other than the of an effective date is listed, the date must lote: If the date inserted in this bloocument's effective date on the Department.	be specific and cam ck does not meet	not be prior to the applicab	date of filing or	more than 90 ling requirem	(optiona days after filling tents, this da	g.) Pugitar	n to 605 be <b>y</b> gte	: i.020 ed a
e record specifies a delayed The 90th day after the reco	effective date rd is filed.	e, but not	an effectiv	e time, at	12:01 a.m	. on the	earlie	ėr (
ated	, 2	019	_· 					
Q.	Jan (	an	N zed representat	1				

Page 3 of 3

Filing Fee: \$25.00