L18000184728

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Glate/Zip/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
• •

Office Use Only



800324569338

550324569338 02/12/19--01016--008 ******25.00

2019 FEB 12 FR 2: 51

M. MILLIGAN FEB 1 2 2019

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DE FUNIAK REALTY UCC 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:
Janet S. Hurst Name of Person
De Funiak Realty LLC Firm/Company
601 S. Huy 331 Suite 1-A
de Funiak Spas. Fl 32435 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at (85) 585-0030 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} & Certificate of Status & Certified Copy

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

ILED

	OF	ı	2019 FEB 12 FA 2:51
Name of the Limited Liability C. (A Florida Lim	Real tu ompany as it now appended Liability Company	UC,	SECRETARY OF SIACE
The Articles of Organization for this Limited Liability Completion of Complete Compl	pany were filed on _	8/1/20	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	Liability Company," the	e designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES.	<u></u>		
		PAL-V-A	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	***	·	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address (here:	on our records,	enter the name of the new
Name of New Registered Agent:		4	
New Registered Office Address:	<u>.</u>		
	Enter F	lorida street address	
	City	, Flo	rida

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

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 **Type of Action** Title Address Rebekah O. ARban ☐ Change Jennifer E. Mehlborn 3862 Co. Hwy 183 N. __ Add DeFunial Spas. FL 32435 _□ Change ☐ Remove ☐ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove □ Change □ Add □ Change

_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
_		
If an effe Note:	ve date, if other than the date of filing:	.0207 (3)(b ed as the
he rece The	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlie 90th day after the record is filed.	er of:
Dated_	2/12 2019	25
	1 0 4/ A 2xx	=
	Signature of a member of authorized representative of a member	2019 FEB

Page 3 of 3

Filing Fee: \$25.00