118000219575

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
(Gity Glate/2)ph Holle #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
(Document Number)	
Certified Copies Certificates of St	atus
Special Instructions to Filing Officer:	
	_ ,
	N

Office Use Only



000321192160

11/21/18--01001--007 **60.00

THE NOV 20 PH 3: 03 MARKETERS OF STAN

COVER LETTER

TO: Registration Section Division of Corpo	orations				
SUBJECT:	Sland PA Name of Limite	LINS S.G.	I, LLC		
The enclosed Articles of Ar	mendment and fee(s) are subm	itted for filing.			
Please return all correspond	lence concerning this matter to	the following:			
	WALTE	IL J. AAM	ISTEND		
		Name of Person			
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	<u> </u>		
	224	Zvan Nin	Blud.		
		Address	-		
	ST. G.	eoge Island	9, £1. 32328°		
ST. George Island, 21. 32328 City/State and Zip Code WALTER ARMISTEAD Q Yahoo. Com					
		$EMISTEAU \subseteq$ be used for future annual rep			
For further information con	cerning this matter, please call	·	,		
William	W. Schultz	at (<u>'770</u>)	521-0903	_	
Name of P	erson	Area Code	Daytime Telephone Number		
Enclosed is a check for the	following amount:		,		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	© \$60.00 Filing For Certificate of Standard Copy (additional copy is	Status &	

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

Island,	PALMS SEI, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	red liability company here:	2018
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the	ne abbreviation E.L.C.
Enter new principal offices address, if applicable:		771 7 7
(Principal office address MUST BE A STREET ADDRI	ESS)	
		- 20 0 -
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	ability Company were filed on	
		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	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 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>	<u>Name</u>	Address	Type of Action
in RG	WALTER J. ARMISTEAD	224 Franklin Blod. St. George Island, 21.33	☑ Add 3 28
			□ Remove
			Change
		<u></u>	Remove
			Change
			D Add
			Remove
			□ Change
			🗆 Add
			□ Remove
			🗆 Change
			□ Add
			□ Remove
			Change
			□ Add
			□ Remove
			□ Change

								_
		-						-
				_	<u> </u>			-
								_
					<u>.</u>			_
								-
							. <u> </u>	_
				_				-
								_
								_
								_
			<u> </u>					_
								_
· · · · ·					·			_
						_		-
								_
an effective date Sote: If the da	e is listed, the date te inserted in th	nis block does no	and cannot be prior of meet the applic	cable statutory fi	r more than 90 days ling requirements			
ocument's eff	ective date on th	he Department o	of State's records					
		ayed effective record is file		ot an effectiv	e time, at 12:	01 a.m. on th	e earli	er of
ated[]	15192				/		2	
			- · - /	_ /			2018 NOV	
		1/	\leq		· · · · · · · · · · · · · · · · · · ·	A H		П
	- I	Signature of	a member or auth	orized Presentat	ive of a member	ASS	\sim	_
		1/				U)* 1.	_	
		UDM K	1 5 1 11	ed name of signed			- TD	ED.

Page 3 of 3

Filing Fee: \$25.00