# 118000243527

| (Re                     | equestor's Name)   | <del></del> |
|-------------------------|--------------------|-------------|
| (Ad                     | ldress)            |             |
| - (Ad                   | dress)             |             |
| (Cit                    | ty/State/Zip/Phone | e #)        |
| PICK-UP                 | ☐ WAIT             | MAIL        |
| (Bu                     | siness Entity Nar  | ne)         |
| (Do                     | ocument Number)    |             |
| Certified Copies        | _ Certificates     | s of Status |
| Special Instructions to | Filing Officer:    |             |
|                         |                    |             |
|                         |                    |             |
|                         |                    |             |

Office Use Only



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03/15/19--01032--016 \*\*75.00

R. WHITE FED 2 0 2019







200 Magnolia Avenue Davtona Beach, FL 32114 (386) 257-0606 Phone (386) 316-5637 Cell (386) 257-0885 Fax

February 12, 2019

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Eagle Peak Apartments, LLC

Ocean Blue Apartments, LLC

Saint's Trail Mobile Home Park, LLC

To Whom it May Concern:

I have attached three (3) Articles of Amendment for the above named Limited Liability Companies. I have enclosed a check in the amount of \$75.00 to cover the processing fees. Please let me know if you need any additional information to complete the processing of the enclosed.

MA

Sincerely-

Michael S. Slick

## **COVER LETTER**

|             | egistration Secti<br>livision of Corpo |  |   |  |              |
|-------------|--|--|---|--|--------------|
| CUDICCT     |  | K APARTMENTS LLC                             |   |  |              |
| SUBJECT     | ·                                      | Name of Limi                                 | ted Liability Company   |  |              |
| The enclos  | sed Articles of Ar                     | mendment and fee(s) are sub                  | nitted for filing.  |  |              |
| Please retu | ırn all correspond                     | ence concerning this matter (                | to the following:   |  |              |
|             |  | Mick Strong                                  |   |  |              |
|             |  | E. C. F. DEAK ADADTAK                        | Name of Person  |  |              |
|             |  | EAGLE PEAK APARTME                           | EN 15 LLC   |  |              |
|             |  |  | Firm/Company  |  |              |
|             |  | 52 TUSCAN WAY STE 20                         | 02/366  |  |              |
|             |  |  | Address   |  |              |
|             |  | ST AUGUSTINE, FL 3209                        | 02  |  |              |
|             |  |  | City/State and Zip Code   |  |              |
|             |  | F-mail address: (t                           | o b) used for future annual re  | took com   |              |
| For further | r information con                      | cerning this matter, please ca               |   | , and the state of |              |
| <u>L</u> 0  | cy Lee                                 | Strong                                       | at(510)   | 714-0559<br>Daytime Telephone Number   | <del>_</del> |
|             | V Name of P                            | erson )                                      | Area Code   | Daytime Telephone Number   |              |
| Enclosed is | s a check for the                      | following amount:                            |   |  |              |
| \$25,00     | Filing Fee                             | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclo |  | of 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** 

| ON           |       | n | 100 |       |
|--------------|-------|---|-----|-------|
| 2019<br>SEAC | FEB 1 | 5 | PM  | 4: 04 |

EAGLE PEAK APARTMENTS 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 L Florida document number L18000243527      | iability Company were filed on 10/16/2018                      | and assigned                    |
|---|--|---------------------------------|
| This amendment is submitted to amend the following  |  |                                 |
| A. If amending name, enter the new name o   | f the limited liability company here:                          |                                 |
| The new name must be distinguishable and contain the w                                    | ords "Limited Liability Company," the designation "LLC         | " or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applic  | able:  |                                 |
| (Principal office address MUST BE A STREE   |  |                                 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE           | BOX)   |                                 |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of | or registered office address on our records fice address here: | s, <u>enter the name of the</u> |
| Name of New Registered Agent:   |  |                                 |
| New Registered Office Address:  |  |                                 |
|   | Enter Florida street addres                                    | .s                              |
|   |  | orida                           |
|   | City   | 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 ac or removed from our records:

### MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                          | <u>Address</u>                                      | Type of Action |
|--------------|--------------------------------------|---|----------------|
| MGR          | STRONG, MICKEY D                     | 52 TUSCAN WAY STE 202/366<br>ST AUGUSTINE, FL 32092 | Add            |
|              |                                      |   | Remove         |
|              |                                      |   | □ Change       |
| MGR          | STRONG, LUCY L                       | 52 TUSCAN WAY STE 202/366<br>ST AUGUSTINE, FL 32092 |                |
|              |                                      |   | ■ Remove       |
|              |                                      |   | □ Change       |
| MGR          | NATIVE COAST PROPERTY MANAGEMENT LLC | 72 HONEY BRANCH LN<br>SAINT AUGUSTINE, FL 32092     | B Add          |
|              |                                      |   | ☐ Remove       |
|              |                                      |   | Change         |
|              |                                      |   |                |
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| If an effection Note: If | e date, if other than the date of filing:  |
|                          | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed. |
| Dated _                  | a-12 209   |
|                          | $\frac{209}{100}$  |
|                          |  |
|                          | rigitature of a member or authorized representative of a member  |

Page 3 of 3

Filing Fee: \$25.00