| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | : #) |
| PICK-UP | WAIT | MAIL |
| (Bu | usiness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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COVER LETTER

| | legistration Se Division of Cor | | | |
|-------------|------------------------------------|---|---|--|
| end ieza | 651 Seavie | w LLC | | |
| SUBJECT | · | Name of Lim | ited Liability Company | |
| The enclos | sed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please retu | ırn all correspo | ndence concerning this matter | to the following: | |
| | | Kyle Stagnito | | |
| | | | Name of Person | |
| | | | Firm/Company | |
| | | 1050 Jefferson St., #6220 | | |
| | | Kansas City, MO 64105 | Address | |
| | | kylestagnito@gmail.com | City/State and Zip Code | |
| | | | to be used for future annual report notif | ication) |
| For further | r information c | oncerning this matter, please ca | all; | |
| Steven D. | Rick | _ | 517 787-8570 at () | <u></u> . |
| | Name o | f Person | at () | Telephone Number |
| Enclosed i | s a check for th | ne following amount: | | |
| \$25.00 |) Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |

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

LAW OFFICES

ABBOTT, THOMSON, MAULDIN, PARKER, BEER & RICK PLC

405 SOUTH JACKSON STREET POST OFFICE BOX 450

JACKSON, MIGHIGAN 49204-0450

STEPHANIE S SCHENKEL

WILLIAM M. ABBOTT KEVIN M. THOMSON CLYDE W MAULDIN KURT J. PARKER BRENDON R. BEER STEVEN D. RICK ERIC R. KYSER

TELEPHONE (517) 787-8570 FAX (517) 787-8571

October 14, 2019

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

Re: Articles of Amendment - 651 Seaview LLC

Dear Registration Section:

Please find enclosed *Articles of Amendment* for 651 Seaview LLC and a check for the filing fee of \$25. If you have questions, please contact me.

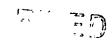
Sincerely,

Steven D. Rick

Steven D. Rich

Cc: Kyle Stagnito

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 OCT 21 PH 3:55

651 Seaview LLC

company has been notified in writing of this change.

(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 January 24, 2019 | and assigned | |
|---|--|---------------------|--|
| Florida document number L19000025763 | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | | |
| Jennings Family Condo LLC | | | |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" or the ab | breviation "L.L.C." | |
| Enter new principal offices address, if applicable: | David Jennings | | |
| (Principal office address MUST BE A STREET ADDRESS) | N8894 Blue Vista Lane | | |
| | New Glarus, WI 53574 | | |
| | | | |
| Enter new mailing address, if applicable: | David Jennings | | |
| (Mailing address MAY BE A POST OFFICE BOX) | N8894 Blue Vista Lane | | |
| | New Glarus, WI 53574 | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent: | | the name of the new | |
| | | | |
| New Registered Office Address: | Enter Florida street address | | |
| | Florida | | |
| | City | Zip Code | |
| New Registered Agent's Signature, if changing Registered Agent: | | | |
| I hereby accept the appointment as registered agent and agro- provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p | performance of my duties, and I am f | familiar with and | |

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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> | <u>Address</u> | Type of Action |
|--------------|----------------|--|----------------|
| MGR | David Jennings | N8894 Blue Vista New Glarus, WI 53574 | ■ Add |
| | | | Remove |
| | | | ☐ Change |
| MGR | Nancy Jennings | | Add |
| | | 2144 Lake Woods Dr. Jackson, MI 49203 | ■ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | ☐ Remove |
| | | | Change |
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| ffective d | ate if other tha | n the date of fili | na, | | (optional) | |
| an effective lote: If the | date is listed, the date inserted in t | te must be specific a | nd cannot be prior to meet the applicat | date of filing or more t | han 90 days after filing.) P quirements, this date wi | |
| | | ayed effective e record is filed | | an effective time | e, at 12:01 a.m. or | the earlier of |
| ated | Octobe | r 14 | 2019 | | | |
| | Stie | x 14 D. Rish | | | | |
| _ | | a var | a mambar ar authar | zed representative of a | mambar | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00