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COVER LETTER

	Registration Section Division of Corporations	•	
SUBJEC		OTTAGE RESORT, LIMITED LIABILITY COMPANY	
SOBOLA	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:



For further information concerning this matter, please call:

Eric Patton		_{at} 360,	659-0182
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for the S25.00 Filing Fee	ne following amount: S30.00 Filing Fee & Certificate of Status	S55,00 Filing I Certified Copy (additional copy i	y Certificate of Status &

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAINT JOHNS COTTAGE RESORT, LIMITED LIABILITY COMPANY

(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 Lia	bility Company	were filed on <u>4/22/2019</u>	ar	id assigned
Florida document number L19000108825	·			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	<u>the limited liabil</u>	lity company here:		
SAINT JOHNS COTTAGE RESORT, L	.LC		5	202
The new name must be distinguishable and contain the wo	tds "Limited Liabili	ty Company," the designation "LL		ETT.C.
Enter new principal offices address, if applica	ble:	7901 4th St N STE 30	00 55	
(Principal office address MUST BE A STREET	"ADDRESS)	Petersburg, FL 33702	<u> </u>	<u>100 </u>
			SE SE	
			E T	(A)
Enter new mailing address, if applicable:		7901 4th St N STE 30	00 기취	37
(Mailing address MAY BE A POST OFFICE BOX) Petersburg, FL 33702		<u> </u>		
	<u> </u>			
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	· •		r the name of th	e new registered
New Registered Office Address: 7901 4th St N STE 300				
New Registered Office Address.		Enter Florida street addre	388	
	Petersburg	F	lorida 33702	
		Ciņ:	lorida 33702 Zip (ode
New Registered Agent's Signature, if changing Re	egistered Agent:			
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this ci	r and complete pered agent as pr rgistered office c	performance of my duties, a rovided for in Chapter 605,	nd I am familia F.S. Or, if this	r with and document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Robin Roberts	1937 GROVE BLUFF CIRCLE WES	T □Add
		SAINT JOHNS, FL 3225	9 ■Remove
			□Change
MGR	Frances Roberts	1937 GROVE BLUFF CIRCLE WES	ST □Add
		SAINT JOHNS, FL 3225	9 Remove
			OCT Change
MGR	Eric Patton	7901 4th St N STE 300	
		Petersburg, FL 33702	-1
			□Change
MGR	Shawn Patton	7901 4th St N STE 300	. Add
		Petersburg, FL 33702	□Remove
			Change
			□Add
			□Remove
			□ Change
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fective date, if other than the date of filing: 9/10/2021	(optional)	
in effective date is listed, the date must be specific and cannot be prior to date of filing or mo ote: If the date inserted in this block does not meet the applicable statutory filing	re than 90 days after filing.)	
ocument's effective date on the Department of State's records.		
record specifies a delayed effective date, but not an effective time, at 12:01 a m, o is filed.	n the earlier of: (b) The	90th day after the
September 30 2021		
C. (31)		

Typed or printed name of signee