

L19000174936

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
RECORDS & ADMINISTRATION  
TALLAHASSEE, FLORIDA

2020 JUL 21 PM 6:35

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** ORANGE BEACH WHARF UNIT 921 L.L.C

\_\_\_\_\_  
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:

BRANDON T SEGERS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

5550 ALLIE RAE STREET

\_\_\_\_\_  
Address

MILTON, FL 32570

\_\_\_\_\_  
City/State and Zip Code

brandon@velocityrestorations.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KAREN WILSON

850 434-6769  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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**

ORANGE BEACH WHARF UNIT 921 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 5/8/2019

Florida document number L19000124936

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

5550 ALLIE RAE STREET

MILTON, FL 32570

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

5550 ALLIE RAE STREET

MILTON, FL 32570

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

BRANDON T. SEGERS

New Registered Office Address:

5550 ALLIE RAE STREET

*Enter Florida street address*

MILTON

*City*

Florida 32570

*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

**FILED**  
2020 JUL 21 PM 5:35  
CLERK OF CIRCUIT COURT  
DIVISION OF CORPORATE FILINGS  
TALLAHASSEE, FLORIDA

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>	<u>Type of Action</u>
MGR	VELOCITY RESTORATIONS LL	100 MYRICK STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
SIGNER	STUART WILSON	100 MYRICK STREET	<input type="checkbox"/> Add
		PENSACOLA, FL 32505	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BRANDON T SEGERS	5550 ALLIE RAE STREET	<input checked="" type="checkbox"/> Add
		MILTON, FL 32570	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

STUART WILSON

Typed or printed name of signee

(Brandon Segers)

**Filing Fee: \$25.00**