1900018	2214	
(Requestor's Name) (Address) (Address)	100332839601	
(City/State/Zip/Phone #)	08/13/1901016007 **25.00	
Special Instructions to Filing Officer:	R. WHITE 33 AUG 2'0' Z019	

## **COVER LETTER**

## TO: **Registration Section Division of Corporations**

Surfside Getaways ELC

SUBJECT:

P.O. Box 6327

Tallahassee, FL 32314

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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:

Alexander M. Howell

	Name of Person			
	Sinfside Getaways LLC			
	Firm/Company			
	PO Box 1930			
		Address	·	
	Minneofa, FL 34755			
	City/State and Zip Code			
	alex@surfsidegetaways.cor	n		
	E-mail address (	(to be used for future annual report notif	ication)	
For further information e	concerning this matter, please e	all:		
Alexander M. Howell		407 832-4077		
Name of Person		at () Area Code Daytime	· Telephone Number	
Enclosed is a check for t	he following amount:			
<ul> <li>\$25.00 Filing Fee</li> </ul>	S30.00 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)	
Regist	ING ADDRESS: ration Section	STREET/COURI Registration Section	n	
Division of Corporations		Division of Corporations		

**Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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	2019/13 PM 1:	
Surfside Getaways LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 1.19000182214		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<u>ility company here</u> :	
The new name must be distinguishable and contain the words "Limited Liabi	hty Company," the designation "LLC" or the abbreviation "LLC"	
Enter new principal offices address, if applicable:	1645 E Highway 50	
(Principal office address MUST BE A STREET ADDRESS)	Suite 202	
	Clermont, FL 34711	
Enter new mailing address, if applicable:	P.O. Box 1930	
(Mailing address MAY BE A POST OFFICE BOX)	Minneola, FL 34755	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the new</u> <u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida City Zap 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. Thereby confirm that the limited hability 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

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<u>Title</u>	Name	Address	Type of Action
<u>}</u>	David Fields	73 Interlaken Rd Orlando, FL 32804 	▲ Add
			Remove
			Change
			🗖 Add
			Remove
			Change
		····	🗖 Add
		·	🗆 Remove
			Change
			🗖 Add
			C Remove
			Change
			🖸 Add
			C Remove
			Change
			Add
			Remove
			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: \_\_\_\_\_\_\_(optional) (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) <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

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.

Dated August 5

۰,

2019

Mikel

document's effective date on the Department of State's records.

Signature of a member or authorized representative of a member-

Alexander M. Howell

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00