

L19000231499

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

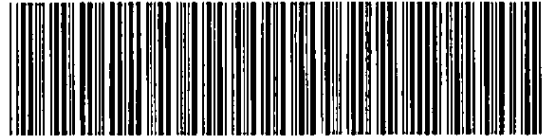
(Business Entity Name)

(Document Number)

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FILED
20 JAN 30 AM 11:02
SCHOOL OF STATE
FALL BRANCH, FALL BRANCH

FEB 24 2020

MOONGATE CAPITAL LLC

60 East Willow Mist Road
Inlet Beach, FL 32461
205.887.3000
moongatecapital@gmail.com

January 24, 2020

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

Dear Sir or Madam:

Enclosed please find Articles of Amendment of the Articles of Organization of Blue Gulf Place LLC, along with a check for \$25.00.

Please file these articles and return a stamped copy to D. W. Wilson, 60 East Willow Mist Road, Inlet Beach, FL 32461. If there are questions, please call me at 205 887 3000.

Thank you for your assistance.

A handwritten signature in black ink, appearing to be 'D. W. Wilson', with a long horizontal line extending to the right.

D. W. Wilson
Manager

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BLUE GULF PLACE 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 09/12/2019 and assigned
Florida document number L19000231499

This amendment is submitted to amend the following:

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

SANTA ROSA CAPITAL LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF
DADE, FLORIDA

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:

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 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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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20 JAN 30 11:02
MAIL ROOM
RECEIVED

20 JAN 30 AM 11:02
STATION: 1001
ELEVATION: 1001

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 7-11 PD
 20 JAN 30 AM 11:02
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(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 01/24, 2020

Signature of a member or authorized representative of a member

Duane Wilson, Manager
Typed or printed name of signee