

L19000304535

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301
868.625.0838
COGENCYGLOBAL.COM

Date: **November 16, 2022**

Account#: I20000000088

Name: **Janelle Davis**

Reference #: **1835747**

Entity Name: **PONTE VEDRA PINE COMPANY, LLC**

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other **Please provide certified copy upon filing.**

Authorized Amount: **\$55.00**

Signature: *Janelle Davis*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Ponte Vedra Pine Company, LLC

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:

Joshua Ashby

Name of Person

Ponte Vedra Pine Company, LLC

Firm/Company

1 Fleet Landing Blvd.

Address

Atlantic Beach, FL 32233

City/State and Zip Code

JAshby@fleetlanding.com

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

For further information concerning this matter, please call:

Cynthia Hack

904

209-9758 ext. 1103

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:

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

From: Cushing, Diane
Sent: Tuesday, November 29, 2022 1:31 PM
To: Culligan, Neysa
Subject: FW: Amendments Form

Neysa

This is one of your rejects. Please call him. Thanks

Diane C. Cushing
Senior Section Administrator
Amendment Section
Division of Corporations
(850) 245-6913
(850) 245-6897 (Fax)

From: noreply@patlive.com <noreply@patlive.com>
Sent: Tuesday, November 29, 2022 1:08 PM
To: Cushing, Diane <Diane.Cushing@DOS.MyFlorida.com>; Toner, Sean <Sean.Toner@DOS.MyFlorida.com>; Yarbrough, Lee <Lee.Yarbrough@DOS.MyFlorida.com>; Varnadore, RoseAnn <RoseAnn.Varnadore@DOS.MyFlorida.com>; patrick.campbell@patlive.com
Subject: Amendments Form

EMAIL RECEIVED FROM EXTERNAL SOURCE

Name: Ryan Bastek

Phone: 850-425-8557

Email: ryan.bastek@gtlaw.com

Document Type: Amendment

Document/Reference Number: L19000304535

Payment Type: Check

Payment Details: \$25

Nature of Issue: Mr. Batesk would like to speak with someone regarding the letter received after the amendment was submitted stating there was an error. It states the CFO cannot be listed as the RA and they are being told by OIR to list the CFO as the RA. Please call or email as soon possible. Thank you. Letter #522A00025782

Comments:

Transfer Result: Not Reached

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

FILED

2022 NOV 17 PM 4: 52

Ponte Vedra Pine Company, LLC

(Name of the Limited Liability Company as it now appears on our records.) **OFFICE OF THE CLERK OF THE CIRCUIT COURT IN AND FOR THE COUNTY OF TALLAHASSEE, FL**
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 20, 2022 and assigned Florida document number L19000304535.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Chief Financial Officer of the State of Florida

New Registered Office Address:

200 E. GAINES ST

Enter Florida street address

TALLAHASSEE

City

Florida 32399-0000

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.

Per Section 624.422, Florida Statutes


If Changing Registered Agent, Signature of New Registered Agent

2022 NOV 17 PM 4:52
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2022 NOV 17 PM 4:52
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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)

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.

 Chief Executive Officer

Signature of a member or authorized representative of a member

Typed or printed name of signee