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(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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## **COVER LETTER**

TO:	Registration Se Division of Cor		·		· .		
SUBJE	<10°C	oe Sales and Rentals, LLC					
SUBJE	ci	Name of Limited Liability Company					
		Amendment and fee(s) are sub	_				
Please r	etum all correspo	ondence concerning this matter	to the following:				
		Penelope Sue Holladay					
			Name of Person				
			Firm/Company	<del> </del>			
	120 Portside Avenue, Unit 120 Address						
		Cape Canaveral, Fl. 32920					
	City/State and Zip Code				10	2	
		contact@coastallivingcam.c	to be used for future annual report not	tification)	<u> </u>	920 (	F2 * * * * * * * * * * * * * * * * * * *
For furt	her information c	oncerning this matter, please co				2020 SEP -1	
Penelop	e Holladay		321 693-5225		7,-	8 51	~; }
	Name o	f Person		ne Telephone Number		6: 23	<b>.</b> "
Enclose	d is a check for th	ne following amount:					
□ <b>\$</b> 25	.00 Filing Fee	■ \$30.00 Filing Fec & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e 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

Great Escape Sales and Rentals, LLC		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on	and assigned
Florida document number L20000274429		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
Penelope Sue Holladay, LLC		
The new name must be distinguishable and contain the words "Limited L	iability 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	2	2
		75.
Enter new mailing address, if applicable:		, co
(Mailing address MAY BE A POST OFFICE BOX)		V
(Mulling dudress MAT DE A FOST OFFICE BOX)		-A- 7
B. If amending the registered agent and/or registered offi	oo address on our records, enter the	ıω
agent and/or the new registered office address here:	et address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Floric	la
	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 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>	Address	Type of Action
MGR	Penelope Sue Holladay	120 Portside Avenue, Unit 203	
		Cape Canaveral, FL 32920	🗆 Remove
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Effective	ve date is listed, the date must be specific	and cannot be prior to	date of filing or mor	e than 90 days after filir	ig.) Pursuant to 60: te will not be list	5.0207 (3 ted as th
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Filing Fee: \$25.00