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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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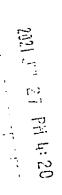
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## **COVER LETTER**

ΓΟ: Registration Se Division of Cor	
SUBJECT:	AND PIRATE'S COVE  Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	indence concerning this matter to the following:
	Stephen R DAVIS
	Name of Person
	Firm/Company
	4939 BRIARCLIFF Aul Address
	Address 7.07
	Meniphis TW 38117  City/State and Zip Code
	City/State and Zip Code  RDSD 97 @ Com CAST. NET  E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
	f Person at (901) 484-0777  Area Code Daytime Telephone Number
Name o	f Person Area Code Daytime Telephone Number
Enclosed is a check for th	ne following amount:
☐ \$25.00 Filing Fee	Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

a

DAND PIR	ATE'S COUL	
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number <u>L 21 000 / 7 6 4 /</u>	ompany were filed on June 24, 20	12 Jand assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
SAME		
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:	SAMe	<u> </u>
(Principal office address MUST BE A STREET ADDRE	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address , Florida	ne of the new registered
•	City	Zin 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 =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
	Spml		□Add
	0'		Remove
			Change
	<u></u>		
			□Remove
			□Change
			□ Add
			🗀 Remove
			☐ Change
			□Add
			□Remove
			□ Change
			□Add
			Remove
			□Change
			🗀 Add
			□Remove

C1/16----

D. Hamer	iding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	Adding A second Home to LLC
_	63 CLAREON DR
	INLET BEACH, FL
	used AS Second Home   Short term RENTA
_	
_	
(If an effective Note: 1	re date, if other than the date of filing:
If the record record is file	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 d.
Dated _	SR DAWS OP
	Signature of a member or authorized representative of a member  Stephen R DAUS  Typed or printed name of signee