

L21000338739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

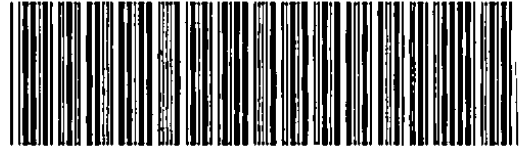
(Business Entity Name)

(Document Number)

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12/02, 22--0101--01--

2022 DEC -2 AM 7:52
CLERK OF SUPERIOR COURT
JANUARY 13, 2023

TO: Registration Section
Division of Corporations

SUBJECT: TRAVEL LIFE PROPERTY CARE, 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:

MARCUS A. HUFF, ESQ.

Name of Person

BEGGS & LANE, RLLP

Firm/Company

501 COMMENDENCIA ST.

Address

PENSACOLA, FLORIDA 32502

City/State and Zip Code

MAH@BEGGSLANE.COM

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

2022 DEC -2 AM 7:51
RECEIVED
SECRETARY OF STATE

For further information concerning this matter, please call:

MARCUS A. HUFF, ESQ.

850

432-2451

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

**TO
ARTICLES OF ORGANIZATION
OF**

TRAVEL LIFE PROPERTY CARE, 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 JULY 26, 2021 and a
Florida document number L21000338738.

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 "

Enter new principal offices address, if applicable:

161 GOLDSBY RD. SUITE D31

(Principal office address MUST BE A STREET ADDRESS)

SANTA ROSA BEACH, FLORIDA 32459-3285

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 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

or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
MGR	RSLM INVESTMENTS, LLC	161 GOLDSBY RD, SUITE D31	<input checked="" type="checkbox"/> A
		SANTA ROSA BEACH, FLORIDA 32459-3285	<input type="checkbox"/> R
			<input type="checkbox"/> C
MGR	RYAN MARTIN	80 WOODLAND BAYOU DR.	<input type="checkbox"/> A
		SANTA ROSA BEACH, FLORIDA 32459	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Cl
MGR	SARA MARTIN	80 WOODLAND BAYOU DR.	<input type="checkbox"/> Ac
		SANTA ROSA BEACH, FLORIDA 32459	<input checked="" type="checkbox"/> Re
			<input type="checkbox"/> Ch
			<input type="checkbox"/> Ad
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha
			<input type="checkbox"/> Adc
			<input type="checkbox"/> Ren
			<input type="checkbox"/> Cha

2022 DEC - 23
SECRETARY'S OFFICE
AM 10:51

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

2022 DEC -2 PM 4:51
SECRET

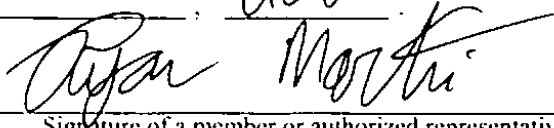
E. Effective date, if other than the date of filing: _____ (optional)

(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 6

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

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 af record is filed.

Dated October 11, 2022



Signature of a member or authorized representative of a member

Ryan Martin

Typed or printed name of signee