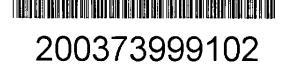
## LZI 000 391719

| (Re                     | equestor's Name)   |      |
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| (Cit                    | ty/State/Zip/Phone | e #) |
| PICK-UP                 | ☐ WAIT             | MAIL |
| (Bu                     | siness Entity Nar  | me)  |
| (Do                     | ocument Number)    |      |
| Certified Copies        |                    |      |
| Special Instructions to | Filing Officer:    |      |
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Office Use Only

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October 7, 2021

CHRISTINE S LADWIG 2063 S COUNTY HWY 395 SANTA ROSA BEACH, FL 32459

SUBJECT: NATIVE 30A LLC Ref. Number: L21000391719

We have received your document for NATIVE 30A LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LIMITED LIABILITY COMPANY, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 321A00024349

Alecia Rivers Regulatory Specialist II

www.sunbiz.org

## **COVER LETTER**

|  |  |   | DEOT                       | \$7.500<br>100      |
|--|--|---|----------------------------|---------------------|
| Native 30A, I  | LLC  |   |                            |                     |
| SUBJECT:   | Name of Limi   | ted Liability Company   | <del>2021 007 2</del> 6    | AH 10: 14           |
|  |  |   | W .                        | . •                 |
| The enclosed Articles of A   | mendment and fee(s) are sub-   | mitted for filing.  |                            |                     |
| Please return all correspon  | dence concerning this matter   | to the following:   |                            |                     |
|  | Native 30A, LLC  Name of Limited Liability Company  2021  Articles of Amendment and fee(s) are submitted for filing.  In all correspondence concerning this matter to the following:  Christine Sutherlin Ladwig, Esq.  Name of Person  Dunlap Shipman, P.A.  Firm/Company  2063 S. County Highway 395  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code christine@dunlapshipman.com  E-mail address: (to be used for future annual report notification)  information concerning this matter, please call:  utherlin Ladwig, Esq.  Name of Person  Area Code  Daytime Telephon  a check for the following amount:  Fitting Fee  S30.00 Filing Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed) |   |                            |                     |
|  |  | Name of Person  |                            |                     |
|  | Dunlap Shipman, P.A.   |   |                            |                     |
|  |  | initted for filing.  o the following:  Esq.  Name of Person  Firm/Company  O5  Address  9  City/State and Zip Code  on  o be used for future annual report notification)  II:  at ( |                            |                     |
|  | Name of Limited Liability Company  2021 of Seed Articles of Amendment and fee(s) are submitted for filing.  arm all correspondence concerning this matter to the following:  Christine Sutherlin Ladwig, Esq.  Name of Person  Dunlap Shipman, P.A.  Firm/Company  2063 S. County Highway 395  Address  Santa Rosa Beach, FL 32459  City/State and Zip Code christine@dunlapshipman.com  E-mail address: (to be used for future annual report notification)  or information concerning this matter, please call:  Sutherlin Ladwig, Esq.  Name of Person  Area Code  Daytime Telephon  is a check for the following amount:  Of Fitting Fee  S30.00 Fitting Fee  Certified Copy (additional copy is enclosed)                    |   |                            |                     |
|  |  | Address   |                            |                     |
|  | Santa Rosa Beach, FL 324:  | 59  |                            |                     |
|  |  | City/State and Zip Code   |                            |                     |
|  |  |   | CXiX                       |                     |
| For further information co   |  |   | neation)                   |                     |
| Christine Sutherlin Ladwi  | g, Esq.  | at ( )  |                            |                     |
| Name of  | Person   | Area Code Daytim  | e Telephone Number         |                     |
| Enclosed is a check for the  | e following amount:  |   |                            |                     |
| ■ \$25,00 Filing Fee<br>Oreviously<br>Teceved<br>(See Letter Enviosed) | Certificate of Status  | Certified Copy  | Certificate<br>Certified ( | of Status &<br>Copy |

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

| Native 30A, LLC   |   |  |
|---|---|--|
| ( <u>Name of the Limited Liability Co</u><br>(A Florida Limi          | mpany as it now appears on our records.)<br>ited Liability Company) |  |
| The Articles of Organization for this Limited Liability Comp          | pany were filed on September 1, 2021                                | and assigned                           |
| This amendment is submitted to amend the following:                   |   |  |
| A. If amending name, enter the new name of the limited                | liability company here:   |  |
| John Thomas Tollett IV, LLC   |   |  |
| The new name must be distinguishable and contain the words "Limited I | Liability Company," the designation "LLC" or the                    | e abbreviation "L.L.C."                |
| Enter new principal offices address, if applicable:                   |   |  |
| •   | C)  |  |
| Principal office address MUST BE A STREET ADDRESS                     | <u> </u>  |  |
|   |   |  |
|   |   |  |
| Enter new mailing address, if applicable:                             |   | <del>_</del>                           |
| (Mailing address MAY BE A POST OFFICE BOX)                            |   |  |
|   |   | 7 60                                   |
|   |   | 007                                    |
| B. If amending the registered agent and/or registered off             | fice address on our records, enter the n                            | ame of the new registe                 |
| agent and/or the new registered office address here:                  |   | , <b>6</b>                             |
|   |   | 日常子の                                   |
| Name of New Danistanad August   |   | . O 😥                                  |
| 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 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> | Name         | Address                               | Type of Action |
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| e specific and cannot be pric<br>k does not meet the appli | icable statutory fil  | more than 90 days after fi   | ling.) Pursuant to 605.02   | 07 (3);<br>us the  |
| late, but not an effective                                 | time, at 12:01 a.m  | on the earlier of: (b).  | The 90th day after th   | c  |
| 2021   | ·   |  |   |  |
| gnature of a member of auto-                               | horized representati  | ve of a member   |   |  |
|  |   | . Cot a memori   |   |  |
|  |   |  |   |  |
| 1  | k does not meet the appl artment of State's record date, but not an effective | e specific and cannot be prior to date of filing or k does not meet the applicable statutory fil artment of State's records.  date, but not an effective time, at 12:01 a.m.  2021  gnature of a member or authorized representation | respecific and cannot be prior to date of filing or more than 90 days after filing that the applicable statutory filing requirements, this cartment of State's records.  Idate, but not an effective time, at 12:01 a.m. on the earlier of: (b)  2021  gnature of a member or authorized representative of a member | respecific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.026 k does not meet the applicable statutory filing requirements, this date will not be listed a artment of State's records.  Idate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the content of the statutory filing requirements, this date will not be listed at artment of State's records.  Idate, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the content of the statutory of a member of a member or authorized representative of a member. |