

Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)617-6383

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Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)461-1818
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CORNERSTONE GETAWAY, LLC

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MAY 04 2023

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COVER LETTER

H230001661213402V

TO: Registration Section
Division of Corporations

SUBJECT: CORNERSTONE GETAWAY, 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:

HARVEY A. FORD, ESQ.
Name of Person
JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP
Firm/Company
490 1ST AVENUE S, SUITE 700
Address
ST. PETERSBURG, FL 33701
City/State and Zip Code
ELAINAS@JPFIRM.COM
E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

HARVEY A. FORD, ESQ. 727 999-9900
Name of Person at (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) | ☐ \$90.00 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

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

H230001661213A5C2V

CORNERSTONE GETAWAY, 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 APRIL 27, 2023 and assigned
Florida document number L23000209439.

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)

17011 DOLPHIN DRIVE

N REDINGTON BEACH, FL 33708

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17011 DOLPHIN DRIVE

N REDINGTON BEACH, FL 33708

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:

New Registered Office Address:

17011 DOLPHIN DRIVE

Enter Florida street address

N REDINGTON BEACH

Florida 33708

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

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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

H230001661213ABCW

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMIE ALLEN	17011 DOLPHIN DRIVE	☐ Add
		N REDINGTON BEACH, FL 33708	☐ Remove
			☒ Change
AMBR	JAMIE ALLEN TRUST, U/T/D DECEMBER 22, 2022	17011 DOLPHIN DRIVE	☐ Add
		N REDINGTON BEACH, FL 33708	☐ Remove
			☒ Change
AMBR	RUSS ALLEN TRUST, U/T/D DECEMBER 22, 2022	17011 DOLPHIN DRIVE	☐ Add
		N REDINGTON BEACH, FL 33708	☐ Remove
			☒ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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H23000155121345C7Y

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

F. Effective date, if other than the date of filing: MAY 3, 2023 (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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 after the record is filed.

Dated MAY 3 2023

Signature of a member or authorized representative of a member

Typed or printed name of signer

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Filing Fee: \$25.00