

L23000380519

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

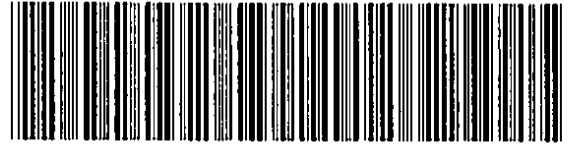
(Document Number)

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2023 AUG 23 9:21

2023 AUG 23 PM 4:34

RECEIVED  
TALLAHASSEE, FLORIDA

RECEIVED

AUG 24 2023

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from account: I20210000160: 25.00

Authorization Signature: 

J Paul's Waterway Retreat LLC

L23000380519

Business

Document #

     Certified Copy of complete file

     Certificate of Status

**NEW FILINGS**

     Profit Corp  
     Not for Profit  
     Officer/Director  
     Limited Liability  
     Domestication  
     Other  
     **CORP**  
     **LLLP**

**AMENDMENTS**

  X   Amendment  
     Resignation of R.A.  
     Articles of Dissolution  
     Change of Registered Agent  
     Revocation of Dissolution  
     Merger  
     **Conversion**  
     **Amended and restated Articles**  
     Statement of FACT

**OTHER FILINGS**

     Annual Report  
     Fictitious Name  
     APOSTILLE:     

COUNTRY

**REGISTRATION/QUALIFICATIONS**

     Foreign filing  
     Limited Partnership  
     Reinstatement  
     OTHER

EXAMINER'S INITIALS:

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: J Paul's Waterway Retreat 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:

Jason P. Gernat

Name of Person

J Paul's Waterway Retreat LLC

Firm/Company

PO Box 2212

Address

Clearwater, FL 33755

City/State and Zip Code

Jason.Gernat@gmail.com

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

For further information concerning this matter, please call:

Jason P. Gernat

Name of Person

at ( )

Area Code

206-407-4804

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

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

J Paul's Waterway Retreat 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 08-14-2023 and assigned  
Florida document number L23000380519.

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)

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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

*City*

*Florida*

*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**

**MGR = Manager**  
**AMBR = Authorized Member**


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Jason P. Gernat	1848 N. Washington Avenue, Clearwater, FL 33755	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Jason P. Gernat	1848 N. Washington Avenue, Clearwater, FL 33755	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

08-23-2023



Signature of a member or authorized representative of a member

Jason P. Gernat

Typed or printed name of signee

**Filing Fee: \$25.00**