

L23000430284 3

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6333

From:

Account Name : HAND APENDALL HARRISON SALL LLC
Account Number : 120190060128
Phone : (850)769-3434
Fax Number : (850)769-6121

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: jcampfield@handfirm.com

LLC AMND/RESTATE/CORRECT OR M/MIG RESIGN
LIVE & STAY 30A, LLC

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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DEC 20 2023

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: LIVE & STAY 30A, 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:

Jessica Campfield

Name of Person

Hand Arendall Harrison Sale

Firm/Company

35008 Emerald Coast Pkwy. Ste. 500

Address

Destin, FL 32541

City/State and Zip Code

jcampfield@handfirm.com

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

For further information concerning this matter, please call:

Jessica Campfield

850

650-0010

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FL 32303

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

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LIVE & STAY 30A, 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 11/10/2023 and assigned
Florida document number 1.23000511572.

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 "L.L.C." 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:

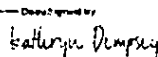
New Registered Office Address:

Enter Florida street address

_____, 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.

Done & signed by


If Changing Registered Agent, Signature of New Registered Agent

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in attaching Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: H23000430284 3

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DEMPSEY, KATHRYN	103 WIND SPRAY CT	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	STUBLEY, PHILIP	18 PELICAN BAY DR	<input type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	DEMPSEY, KATHRYN	103 WIND SPRAY CT	<input checked="" type="checkbox"/> Add
		SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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"/> Remove
			<input type="checkbox"/> Change

