

L97000 000 581

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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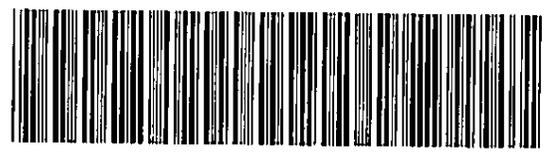
(Business Entity Name)

(Document Number)

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FILED  
2019 MAR -6 PM 12:14

Amend

MAR 16 2019

I ALBRITTON

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Tahoe Limited LC  
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:

Brian Wilson  
Name of Person

Tahoe Limited LC  
Firm/Company

P.O. Box 169  
Address

St Augustine FL 32085-0169  
City/State and Zip Code

jsinclair@jackwilson.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jaime Sinclair at ( 904 ) 797-41567 ext. 1071  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Tahoe Limited LC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2019 MAR -6 PM 12:14  
SEL  
CL

The Articles of Organization for this Limited Liability Company were filed on 05/28/1997 and assigned Florida document number L97000000581.

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)

107 Herons Nest Lane  
St. Augustine FL 32080

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

107 Herons Nest Lane  
St. Augustine FL 32080

**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:

Brian Wilson

New Registered Office Address:

107 Herons Nest Lane

Enter Florida street address

St. Augustine

Florida 32080

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.

Brian Wilson

If Changing Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>Brian Wilson</u>	<u>107 Herons Nest Lane</u>	<input checked="" type="checkbox"/> Add
		<u>St. Augustine FL 32080</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Michelle Wilson</u>	<u>107 Herons Nest Lane</u>	<input checked="" type="checkbox"/> Add
		<u>St. Augustine FL 32080</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>John S. Wilson Jr.</u>	<u>2255 U.S. Hwy 1 South</u>	<input type="checkbox"/> Add
		<u>St. Augustine FL 32086</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Geraldine Y. Wilson</u>	<u>2255 U.S. 1S outch</u>	<input type="checkbox"/> Add
		<u>St. Augustine FL 32086</u>	<input checked="" 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
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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 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 February 28, 2019.

  
Signature of a member or authorized representative of a member

Brian Wilson  
Typed or printed name of signee