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(Requestor's Name)
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COVER LETTER

TO:	Division of Corp			
SUBJE	ст:	w Inn At	St. Joe Bay	LLC_
		Name of Limite	d Liability Company	
The enc	losed Articles of A	mendment and fee(s) are submi	tted for filing.	
Please r	eturn all correspon	dence concerning this matter to	the following:	
		\)		
		Kaye	Haddock	
			Name of Person	
			Firm/Company	
		113 Monu	mant All	
		10 110110	Address	
		Dark St -	To C1 3711E	1.0
		- ruit or	TOC, FL 3245 City/State and Zip Code	<u> </u>
		Khadd	OCKVEALSTATE (be used for future annual report not	Damail com
		E-mail address: (to	be used for future annual report not	fication)
For furt	her information co	ncerning this matter, please call	:	
4	Kana H	addock.	at(850) 227	- lolo DO
	Name of	Person		ne Telephone Number
Enclose	d is a check for the	following amount:	-	
□ \$ 2.5	5.00 Filing Fee	☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee,
	_	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
			(activities copy is circles)	(additional copy is enclosed)
	Mailing Address		Street Address:	
	Mailing Address Registration S		Registration Se	ection
	Division of Co	-	Division of Con	•
	P.O. Box 6327		The Centre of 7	Tallahassee ee Street, Suite 810
	Tallahassee, F	レンルンエサ	Z#15 IV. IVIOIIIO	o proce price ato

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	City .	, Florida Zip Code
	Enter Florida str	
New Registered Office Address:	P	
Name of New Registered Agent:		
agent and/or the new registered office address		កា
B. If amending the registered agent and/or reg	istered office address on our record	! **
		SO P U
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
Enter new mailing address, if applicable:		V V
		ECRETTALL
(Principal office address MUST BE A STREET)	<u>ADDRESS)</u>	
Enter new principal offices address, if applicab		
The new name must be distinguishable and contain the word		ion "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name of the		
This amendment is submitted to amend the follow		
Florida document number M170000 75	31	and assigned
The Articles of Organization for this Limited Liab	nility Company were filed on 8 , 19	5 · 20 7 and assigned
(Name of the Limited (A	Liability Company as it now appears on or Florida Limited Liability Company)	er records.)
_ The Inn a	t St. Joe Bay	LC

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>	<u>Name</u>	Address	Type of Action
M <u>GRM</u>	Louis M Haddock	113 Monument Ave.	□Add
		Port St. Jae FL 32456	Kemove
			□Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			
-			□Remove
			Change
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effecti te: If	e date, if other than the date of filing:	
cord s s filed	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after it.	r the
æd	10/2, 2012.	
	Signature of a member or authorized representative of a member LAY= HASSOUL.	
	Signature of a member or authorized representative of a member	