

M190000010689

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

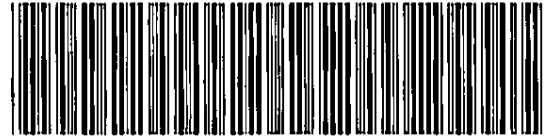
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800382030738

LLC amend

RECEIVED

FILED

2022 JUL 13 AM 11:46

2022 JUL 13 AM 10:55

ALLAHASSEE, FL 32006

CLERK OF SUPERIOR COURT

A. RAMSEY
JUL 14 2022



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 07/13/2022

Name: Greg Pintacuda

Reference #: 1738328

Entity Name: OUR TOWN HOSPITALITY, LLC

☐ Articles of Incorporation/Authorization to Transact Business

☒ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other Please provide certified copy after filing

Authorized Amount: \$55

Signature: 

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Our Town Hospitality, LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M19000010689

3. Jurisdiction of its organization: VA

4. Date authorized to do business in Florida: 10/28/19

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
------------------------	-------------	----------------	-----------------------

<u>MGR</u>	<u>David Folsom</u>	<u>306 South Henry Street Ste. 200</u>	<input checked="" type="checkbox"/> Add
------------	---------------------	--	---

		<u>Williamsburg, VA 23185</u>	<input type="checkbox"/> Remove
--	--	-------------------------------	---------------------------------

<u>MGR</u>	<u>Todd Felsen</u>	<u>306 South Henry Street Ste. 200</u>	<input checked="" type="checkbox"/> Add
------------	--------------------	--	---

		<u>Williamsburg, VA 23185</u>	<input type="checkbox"/> Remove
--	--	-------------------------------	---------------------------------

<u>MGR</u>	<u>David C. Wheeler</u>	<u>306 South Henry Street Ste. 200</u>	<input type="checkbox"/> Add
------------	-------------------------	--	------------------------------

		<u>Williamsburg, VA 23185</u>	<input checked="" type="checkbox"/> Remove
--	--	-------------------------------	--

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

			<input type="checkbox"/> Add
--	--	--	------------------------------

			<input type="checkbox"/> Remove
--	--	--	---------------------------------

9. Attached is a certificate, if required: no more than 90 days old, evidencing the
aforementioned amendment(s), duly authenticated by the official having custody of records in the
jurisdiction under the law of which this entity is organized.


Signature of the authorized representative

DAVID R FOLSOM

Typed or printed name of signee

Filing Fee: \$25.00