

LO70000035404

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

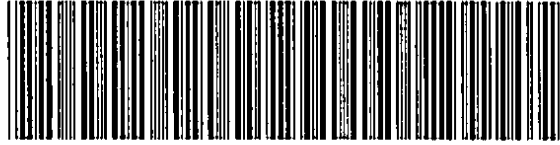
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300345478663

06/04/20--01011--023 **30.00

2020 JUN 4 PM 12:39
111 211

*cus
Amend*

JUN 22 2020

I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SOUTH PALAFOX PROPERTIES, 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:

GREG SMITH

Name of Person

GREGORY D. SMITH OF NORTHWEST FLORIDA, P.A.

Firm/Company

314 S BAYLEN STREET, SUITE 116

Address

PENSACOLA, FL 32502

City/State and Zip Code

GDSMITHLAW@AOL.COM

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

For further information concerning this matter, please call:

GREG SMITH

850

434-1821

at ()

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 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**

SOUTH PALAFOX PROPERTIES, LLC

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

2007 APR 11 11:12 AM
PH112-39

The Articles of Organization for this Limited Liability Company were filed on 04/03/2007 and assigned
Florida document number L07000035404.

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)

314 S BAYLEN STREET, SUITE 116
PENSACOLA, FL 32502

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:

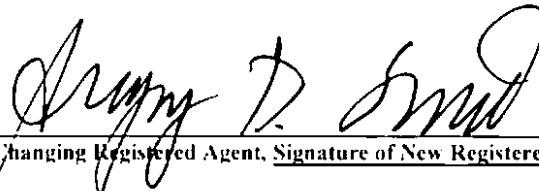
Name of New Registered Agent: GREGORY D. SMITH

New Registered Office Address: 314 S BAYLEN STREET, SUITE 116
Enter Florida street address

PENSACOLA, Florida 32502
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

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>
MGR	ALEXANDER L. COVER, III	815 S PALAFOX STREET, 3RD FLOOR	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOHN D. LEVITAN, SR.	815 S PALAFOX STREET, 3RD FLOOR	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES W. DILLARD	815 S PALAFOX STREET, 3RD FLOOR	<input type="checkbox"/> Add
		PENSACOLA, FL 32502	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AR	GREGORY D. SMITH	314 S BAYLEN STREET, SUITE 116	<input checked="" type="checkbox"/> Add
		PENSACOLA, FL 32502	<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 June 3 2020

Handwritten signature of Gregory D. Smith

Signature of a member or authorized representative of a member

GREGORY D. SMITH

Typed or printed name of signee