

# L / 1000090786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

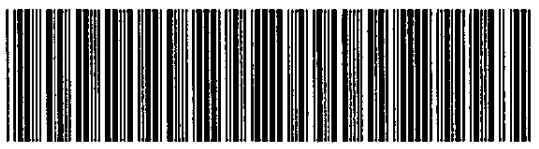
(Business Entity Name)

(Document Number)

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FILED  
2014 APR - 8 PM 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
APR - 9 2014

Date



FLORIDA DEPARTMENT OF STATE  
Division of Corporations


March 25, 2014

REALTYONE ALLIANCE  
BRENDA TAMM  
1626 RINGLING BLVD, STE. 500  
SARASOTA, FL 34236

SUBJECT: SILVER SANDS LONGBOAT, LLC  
Ref. Number: L11000090786

We have received your document for SILVER SANDS LONGBOAT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

 Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 714A00006384

*Correction made.*

*Thank you,*

*[Handwritten signature]*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Silver Sands Longboat, 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:

**Brenda Tamm**

Name of Person

**ReatlyOne Alliance**

Firm/Company

**1626 Ringling Blvd Ste 500**

Address

**Sarasota, FL 34236**

City/State and Zip Code

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

For further information concerning this matter, please call:

**Brenda Tamm**

Name of Person

at **(941) 487-1229**

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**

**FILED**  
2014 APR -8 PM 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Silver Sands Longboat, 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 8/8/2011 and assigned Florida document number L11000090786.

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 end with 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.*

If Changing Registered Agent, Signature of New Registered Agent

**If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	RVA Investments, LLC	4030 Gulf Of Mexico Dr Longboat Key, FL 34228	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	David H. Rosenberg	1626 Ringling Blvd Ste 500 Sarasota, FL 34236	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	CLS Family Partnership LP	1626 Ringling Blvd Ste 500 Sarasota, FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Charles Starr	1626 Ringling Blvd Ste 500 Sarasota, FL 34236	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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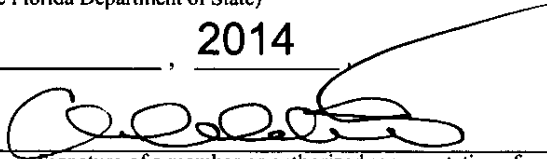
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**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 3/10, 2014



Signature of a member or authorized representative of a member

**Charles L. Starr**

Typed or printed name of signee