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SECRETARY OF STATE
SALLAHASSEE FLORID

## **COVER LETTER**

TO: Registration Sec Division of Corp		•	
SUBJECT: 208 S	Sandpiper, LLC		
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	David E. Kle	in, Esq.	
		Name of Person	
	Rabideau La	<b>W</b>	
		Firm/Company	
	400 Royal P	alm Way, Suite 4	104
		Address	<del></del>
	Palm Beach	, FL 33480	
		City/State and Zip Code	
	dklein@rabideau	<ul> <li>law.com</li> <li>to be used for future annual report notific</li> </ul>	eation)
For further information co	oncerning this matter, please of	-	
David Klein		<sub>4</sub> ,561,655-62	221
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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

208 Sandpiper, 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 June 25, 2014 and assigned Florida document number L14000101851 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 208 Sandpiper LLC 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 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 samiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or if this accument 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 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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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). If an	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
	tive date, if other than the date of filing: (optional) fective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after te this document is filed by the Florida Department of State)
Date	September 30 2014
Suit	
	Signature of a member or authorized representative of a member
	David E. Klein
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

