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EXAMINER



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: John C. Sansbury LLC Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to the following:
	John C. Sansbury Name of Person
	Sansbury (om Panies
	8660 Thousand Pines Circle
	West Palm Beach, Fl. 33411
	5905 bury com a a com E-mail address: (to be used for future annual report notification)
For furth	ner information concerning this matter, please call:
	Name of Person at (561) 478-2008 Area Code & Daytime Telephone Number
Enclosed	I is a check for the following amount:
\$25.0	Of Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

John C. Sansbury,	LLC		
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)			
(A Florida Limited Liab	bility Company)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>LO 200020681</u>	ere filed on 4703 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabilit	ty company here:		
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation		
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	e address on our records, enter the name of the new		
registered agent and/or the new registered office address here:	ŽĚC 2,		
·	AR ≥ 1		
Name of New Registered Agent:	S S S		
	SES		
New Registered Office Address:	Enter Florida street address		
	Enter Florida Street data (20)		
	, Florida ZZ 180		
	City PZip 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 608, 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 Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

Type of Action Name Address MGRM Taylor R. Sansbury MGRM Ryder E. Sansbury ☐ Add Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jansbury Typed or printed name of signee

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Filing Fee: \$25.00