

MAR. 30. 2015 2:07PM

JONES FOSTER 561 650 0435

NO. 3676 P. 1

LH00007902709
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000079027 3)))



H150000790273ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: jf.service@jonesfooster.com

15 MAR 30 AM 10:00
STATE
DIVISION OF CORPORATIONS
INFORMATION SERVICES

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STAGHORN PROPERTIES, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

15 MAR 30 AM 11:26
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 31 2015

Electronic Filing Menu

Corporate Filing Menu

S. YOUNG
Help

MAR. 30. 2015 2:08PM

JONES FOSTER 561 650 0435

NO. 3676 P. 2

H15000079027 3

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAGHORN 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:

THORNTON M. HENRY, ESQ.

Name of Person

JONES FOSTER JOHNSTON & STUBBS, PA

Firm/Company

505 SOUTH FLAGLER DRIVE, SUITE 1100

Address

WEST PALM BEACH, FL 33401

City/State and Zip Code

JFSERVICE@JONESFOSTER.COM

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

FILED
15 MAR 30 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THORNTON M. HENRY

Name of Person

561

at ()

Area Code

659-3000

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

H15000079027 3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STAGHORN PROPERTIES, 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 OCTOBER 6, 2004 and assigned Florida document number L04000072709

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)

FILED MAR 30 AM 11:15 SECRETARY OF STATE

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>
MGRM	Sunward Properties, Inc.	13428 SW 16th Drive	<input type="checkbox"/> Add
		Okeechobee, FL 34974	<input checked="" type="checkbox"/> Remove
MGR	Sunward Properties, Inc.	13428 SW 16th Drive	<input checked="" type="checkbox"/> Add
		Okeechobee, FL 34974	<input type="checkbox"/> Remove
			<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15
 MAR 30 AM 11:25
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

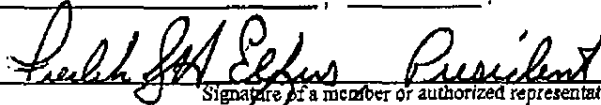
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article IV is hereby amended to read as follows:

ARTICLE IV, Management. The Limited Liability Company is manager-
managed.

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 March 30, 2015

 *Fredrick J.H. Elfers* President

Signature of a member or authorized representative of a member

Fredrick J.H. Elfers, President of Sunward Properties, Inc.

Typed or printed name of signee

FILED
15 MAR 30 AM 11:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA