L04000674765

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SECRETARY OF STATE

COVER LETTER

TO:

Registration Section
Division of Corporations

. SUBJECT: Sandglass 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:

Danny Boggess

Name of Person

Sandglass Properties, LLC

Firm/Company

1639 Florence Avenue

Address

Fort Walton Beach, FL 32547

City/State and Zip Code

sgpllc@cox.net

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

For further information concerning this matter, please call:

Danny Boggess

 $_{at} (850) 902 - 0416$

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sandglass Properties, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.)	···········
The Articles of Organization for this Limited Liability Company Florida document number L0400074765 This amendment is submitted to amend the following:	المراجعة مسي	and assigned SECRETARY DE CARE TARY DE CARE
A. If amending name, enter the new name of the limited liab	oility company here:	PH 12:
,		25 High
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	1639 Florence Avenue	
(Principal office address MUST BE A STREET ADDRESS)	Fort Walton Beach, FL 32547	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1639 Florence Avenue Fort Walton Beach, FL 32547	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	ress
<u></u>	, 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 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:

<u> Fitle</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
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			Add
			Remove
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			Add
			Remove

	formation, enter change(s) here: (Attach additional sheets, if necessary.)
•	
•	
	
Dated August 12	2013
Dated // Lugust 12	
	Signature of a member or authorized representative of a member
Danny Bog	gess
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

DIVISION OF PHIZ: 5