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COVER LETTER

TO:

Registration Section
Division of Corporations

SHRIFCT

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

850₉02-0416

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, LL0				
(<u>Name of the Limite</u>	d Liability Company as it now a A Florida Limited Liability Comp	appears on our records.) vany)		
The Articles of Organization for this Limited Linited Linited Lorida document number	Liability Company were filed or	October 15, 2004	and assigne	ed
This amendment is submitted to amend the fol	lowing:			
A. If amending name, <u>enter the new name (</u>	of the limited liability compan	ıy here:		
and the second s	* *	<u>.</u>		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability C	Company," the designation "LL	C" or the abbre	eviation
Enter new principal offices address, if appli	cable:		13 S	SECE
Principal office address MUST BE A STRE	ET ADDRESS)		<u> </u>	AET.
			12	SS
			P X	
Enter new mailing address, if applicable:			Ę.	<u> C</u>
Mailing address MAY BE A POST OFFICE	<u> BOX)</u>		39	
B. If amending the registered agent and registered agent and/or the new registered of		on our records, <u>enter th</u>	e name of th	ne new
Name of New Registered Agent:				
New Registered Office Address:	1639 Florence Avenu	· · · · · · · · · · · · · · · · · · ·		<u>.</u>
		Enter Florida street addre		
	Fort Walton Beach	, Florida 325		
	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: MGR = Manager MGRM = Managing Member Address; Type of Action Title Name Remove Remove

If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if nec	essary.)
_{ed} August 17	2013	
 -	Signature of a member or authorized representative of a member	
Danny Bogge		
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00