

LD6000006776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

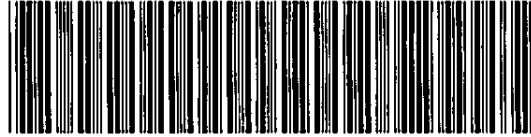
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300269594593

03/09/15--01030--007. **25.00

FILED
2015 MAR -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RE Cuffigan MAR 27 2015



Sanctuary Realty

March 5, 2015

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Adding Kelly H. Brooks as an additional Manager/Member to Sanctuary Realty, 20-4222971

To Whom It May Concern:

Please add Kelly H. Brooks as an additional Manager/Member to Sanctuary Realty, 20-4222971.

Currently David W. Roberts is the only Manager/Member.

I can be reached at (561) 368-8200.

The return address is 741 E. Palmetto Park Rd, Boca Raton, FL 33432.

Feel free to contact me with any other questions.

Thanks very much,

Kelly H. Brooks

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sanctuary Realty 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:

Kelly H. Brooks

Name of Person

Sanctuary Realty LLC

Firm/Company

741 East Palmetto Park Road

Address

Boca Raton, Florida 33432

City/State and Zip Code

kelly@royalpalm.com

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

For further information concerning this matter, please call:

David W. Roberts

561 368-6200

Name of Person

at (_____)_____
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

FILED
2015 MAR -9 AM 10: 03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sanctuary Realty 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 1/19/2006 and assigned
Florida document number: LO6000006776

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)

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

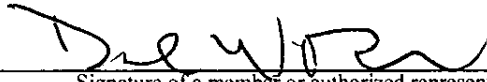
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Kelly H. Brooks	741 East Palmetto Park Road	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33432	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 5, 2015



Signature of a member or authorized representative of a member

David W. Roberts

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2015 MAR -9 AM 10:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA