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(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name	e)
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09/06/16--010H9--028 **25.00

M. MILLIGAN EXAMINER

SEP - 6

COVER LETTER

Di	vision of Cor	porations		
SUBJECT:		TLE ESCAPES LLC		
SOBSECT.		Name of Lim	ited Liability Company	•
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		NELLE NEMECEK		
			Name of Person	
		EKAHI INC		
		 	Firm/Company	
		P O BOX 1431		
		· · · · · · · · · · · · · · · · · · ·	Address	
		SRB, FL 32459		
		EKAHITAX@GMA!L.CO	City/State and Zip Code	
		-	to be used for future annual report notifi	ication)
For further	information c	oncerning this matter, please ca	all:	
NELLE NE	MECEK		850 535-5000 at ()	
	Name o	f Person		Telephone Number
Enclosed is	a check for th	ne 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:

TO:

Registration Section

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

SANDCASTLE ESCAPES 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 MARCH 22, 2006 Florida document number $\underline{L0600}$ 0030523 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 contain 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

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	MTW & ASSOCIATES INC	149 FOREST HARBOUR	
	×.	FREEPORT, FL 32439	■ Remove
	;		☐ Change
MGR	ELIZABETH WILLIAMS	2624 EDGEWATER DRIVE	🛱 Add
	;	NICEVILLE, FL 32578	□ Remove
			Change
MGR	LOREN T WILLIAMS	2624 EDGEWATER DRIVE	⊟ Add
		NICEVILLE, FL 32578	Remove
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