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SECRETARY OF STATE: TALLAHASSEE, FLORIDA

2012 APR -5 MM 8: 3

J. SAULSBERRY EXAMINER

APR 6 2012

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	Sandy Ford Restorations, U.C. Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Sauthern Habitats/Sandy Ford
	Firm/Company
	418 Sand Dollar Way Address
	Green ville Fl. 3233/ City/State and Zip Code Kathy & Southernhabitats. Com E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)
	Kathy & Southernhabitats. Com E-mail address: (to be used for future annual report notification)
For fur	ther information concerning this matter, please call:
	Wathy Reams at (850) 879-7901 Name of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$25	Certificate of Status \$55.00 Filing Fee & Certificate of Status \$60.00 Filing Fee, Certificate of Status & 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

Sandy Ford	Restorations, LLC
(A Florida Lin	Company as it now appears on our records.) mited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number <u>LO600084720</u>	
This amendment is submitted to amend the following:	SER TO BE
A. If amending name, enter the new name of the limite	d liability company here:
Southern Hehitete	LLC.
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	418 NW Sand Dollar
(Principal office address MUST BE A STREET ADDRE	ss) Greenville, Ft. 32331
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same as above
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.	red office address on our records, enter the name of the new ss here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	FD
	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address** Greenville, FL. 32331 Remove Add Remove ☐ Add Remove Add Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00