

LO6000107239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

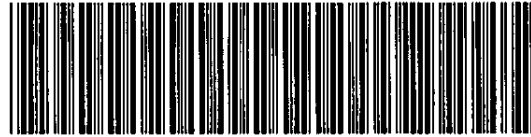
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE OF CALIFORNIA
14 FEB 28 11:10:27

J. Strivers MAR 03 2014

Sandy Shorts, LLC.

PO Box 1827

Palm City, FL 34991-6827

561-662-9989

David blotnick@bellsouth.net

February 26, 2014

RE: Changes to articles of incorporation.

Dear Sirs:

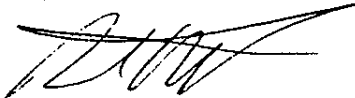
We wish to make the following changes on the attached:

- Change authorized agent
- Add (2) authorized members
- Remove (1) authorized member.

I have enclosed a check for the revision and also a "Certified Copy".

Any questions, please feel free to contact me.

Sincerely



David J. Blotnick

Member

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sandy Shorts, 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 November 6th, 2006 and assigned Florida document number L06000107239.

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:

David J. Blotnick

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>
AMBR	David J Blotnick	4924 SW Saint Creek Dr, Palm City, FL 34990	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
AMBR	Charles A Blotnick	1615 Hugh Forest Rd, Charlotte, NC 28270	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
MGR	Patricia A Blotnick	4924 SW Saint Creek Dr, Palm City, FL 34990	<input type="checkbox"/> Add
			<input checked="" 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

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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 **February 26th**, **2014**



Signature of a member or authorized representative of a member

David J. Blotnick

Typed or printed name of signee

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Filing Fee: \$25.00

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FILING
CLERK