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FEB 28 2017

S. YOUNG

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SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
17 FEB 27 AM 9:25

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE SANDY PARROT GROUP, 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:

JANETTE MUNAO

Name of Person

THE SANDY PARROT GROUP, LLC

Firm/Company

14241 METROPOLIS AVE STE 100

Address

FORT MYERS, FL 33912

City/State and Zip Code

JMUNAO@JSAONLINE.COM

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

For further information concerning this matter, please call:

JANETTE MUNAO

239 226-1800

at ()

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

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA
17 FEB 27 AM 9:25

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

THE SANDY PARROT GROUP, 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 11/05/2007 and assigned
Florida document number L07000111946.

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: SCOTT SCHROEDER

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 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>	<u>Type of Action</u>
MGR	SCOTT SCHROEDER	1232 SE EL DORADO PKWY	<input checked="" type="checkbox"/> Add
		CAPE CORAL, FL 33964	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CHRISTOPHER SCHROEDER	14241 METROPOLIS AVE	<input type="checkbox"/> Add
		STE 100	<input checked="" type="checkbox"/> Remove
		FORT MYERS, FL 33912	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
27 FEB 27 AM 9:36

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FEB 27 AM 9:36

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated : 02/13/2017

Signature of a member or authorized representative of a member

SCOTT D Schroeder
Typed or printed name of signer