108000010718

(Rec	questor's Name)	
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(City	y/State/Zip/Phone	#)
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J. HARRIS

COVER LETTER

1 O: Registration Division of C			
Harumph	L.L.C.		
	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Raymond G. Robison		
		Name of Person	
	Fox, Wackeen, Dungey, et	ı. al.	
		Firm/Company	
	3473 SE Willoughby Blvd		
		Address	
	Stuart, Florida 34994		
		City/State and Zip Code	
	dbeggs@foxwackeen.com	to be used for future annual report notif	iention)
For further information	concerning this matter, please c	·	teation ;
Raymond G. Robison		772 287-4444 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Harumph, L.L.C.				
(Name of the Limi	ted Liability Company as it now (A Florida Limited Liability Con	appears on our records.) ipany)		•
The Articles of Organization for this Limited L	iability Company were filed	on January 30, 2008	and a	ssigned
Florida document number L08000010718	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liability comp	any here:		
Santilles 2841, LLC				
The new name must be distinguishable and contain the v	vords "Limited Liability Company	"the designation "LLC" or the	abbreviation '	L.L.C."
Enter new principal offices address, if applic	able:			
Principal office address MUST BE A STREE	T ADDRESS)			
			7 28 28 E	
Enter new mailing address, if applicable:				CONTRACTOR
Mailing address MAY BE A POST OFFICE			<u> </u>	
graning dadress may me a root of rece	<u></u>		- 25 3E	7.1
		_		
B. If amending the registered agent and		ess on our records, <u>ente</u>	r the nam	e of the ne
registered agent and/or the new registered of	fice address here:			
Name of New Registered Agent:	Raymond G. Rol	ois <u>o</u> n		
New Registered Office Address:	3473 SE Willou	ighby Blvd		
-		ter Florida street address		
	Stuart	, Florida _	34994	
	City		Zip Cod	,

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>	Address	Type of Action
MGR	Jonathan Sanders	2839 Saint Barts Square	Add
		Vero Beach, Florida 32967	Remove
			■ Change
		□ Adđ	
			□ Remove
			Change
			☐ Remove
			☐ Change
			Add
			Remove
		Change	
			A Resporce Parties
			Change Change
			☐ Remove
			☐ Change

.' D. If amending any other information, enter change(s) here: (Attach additional sheets, if nec	cessary.)
	•
·	
	<u> </u>
E. Effective date, if other than the date of filing:	ional) i filing.) Pursuant to 605.0207 (3)(1) is date will not be listed as the
f the record specifies a delayed effective date, but not an effective time, at 12:01 b) The 90th day after the record is filed.	a.m. on the earlier of:
Dated	201
	7-19 E
Signature of a member or authorized representative of a member	6
Jonathan Sanders Typed or printed name of signee	
Typed of printed name of signee	e2`. 😯 🔭

Page 3 of 3

Filing Fee: \$25.00