

JAN-28-2015 13:03

From: (302) 575-1642

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Division of Corporations

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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : 120010000112
Phone : (302) 575-0875
Fax Number : (302) 575-1642

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SUTTON LAND LLC

Certificate of Status	0
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INFORMATION SERVICES

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

SUTTON LAND 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 04/25/2008 and assigned
Florida document number L08000041569.

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."

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)

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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

_____, 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>
MGR	Stanford Guy Sutton	87 Greenwich Avenue	<input checked="" type="checkbox"/> Add
		Greenwich, CT 06830	<input type="checkbox"/> Remove
MGR	Stephen C. Sutton	1952 Sugarbrush Dr.	<input checked="" type="checkbox"/> Add
		Evergreen, CO 80439	<input type="checkbox"/> Remove
MGR	Ruth C. Sutton	100 Lakeshore Dr., Unit L-4	<input type="checkbox"/> Add
		North Palm Beach, FL 33408	<input checked="" type="checkbox"/> Remove
MGR	Stanford Guy Sutton, Trustee	87 Greenwich Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
MGR	Stephen C. Sutton, Trustee	87 Greenwich Avenue	<input type="checkbox"/> Add
		Greenwich, CT 06830	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 January 23, 2015

Stanford Guy Sutton
Signature of a member or authorized representative of a member

Stanford Guy Sutton
Typed or printed name of signer

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