## L10000 109878

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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JUN 19 2015 J SHIVERS

		COVERLETTER	•
TO: Registration Se Division of Corp	ction; " *** porations	The state of the s	j <del>e</del>
	PERTIES SARASOTA, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	FRANK J GIUFFRE		
		Name of Person	
		Firm/Company	
	283 INTERSTATE COUR	Т	
		Address	<del></del>
	SARASOTA, FL 34240		
	HEATHER@COASTALA	City/State and Zip Code V.COM	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
FRANK J GIUFFRE		941 429-9700	
Name o	f Person	Area Code Daytimo	e Telephone Number
Enclosed is a check for the	he 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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

F&H PROPERTIES SARASOTA, LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on 10/21/2010 and assigned		
Florida document number L10000109878			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	pility company here:		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	283 INTERSTATE COURT		
Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34240		
Enter new mailing address, if applicable:	283 INTERSTATE COURT		
Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34240		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her	ffice address on our records, enter the name of the		
Name of New Registered Agent:	5		
New Registered Office Address:	Enter Florida street address SS CS		
	, Florida		
	City Cy Zip Tode		
New Registered Agent's Signature, if changing Registered Agent:	5 <b>9</b>		

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>Name</u> <u>Title</u> <u>Address</u> **Type of Action** □ Add ☐ Remove \_□ Change \_□ Add \_□ Remove ☐ Change \_□ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Remove □ Change □ Add

☐ Remove

\_□ Change

ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of The 90th day after the record is filed.  Dated O Signature of a member or authorized representative of a member	If amending any other information, enter change(s) here: (Attach additional sheets, if necess		<del></del>
Effective date, if other than the date of filing:  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.) Hursulant to 605.0207  Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date vill not be disted as a document's effective date on the Department of State's records.			
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Signature of a member or authorized representative of a member	The 90th day after the record is filed.	II. OII LIIE	earner or
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	Dated June 10, 2015		
	the MM		
EDANK LCHIEEDE	Signature of a member or authorized representative of a member		
Typed or printed name of signee	FRANK J GIUFFRE		<del></del>

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Filing Fee: \$25.00