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EXAMINER



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SECRETARY OF STATE
ATTAMASSEE, FLORID

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COVER LETTER

O: Registration Division of C				•
SUBJECT: *		ay Hill Model One,	LLČ	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Dwight Saathoff		
		Name of Person		
	Sanctuary at	Bay Hill Condos Inves	tments LL	<u>C</u>
		Firm/Company		
		5535 Osprey Isle Ln		
		Address		
		Orlando, FL 32819		
		City/State and Zip Code		
		dwight@pfdiusa.com		
	E-mail address: (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please	call:		
	wight Saathoff	at (_407_)	876-8	
Name	of Person	Area Code &	Daytime Telepl	none Number
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	nclosed)	\$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

Sanctuary a	at Bay Hill Model One, LLC
(Name of the Limited Liab (A Flori	oility Company as it now appears on our records.) ida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number	ity Company were filed on <u>December 20, 2010</u> and assigned 3
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET AL	DDRESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	TOTAL STATE OF STATE
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Regist	ered Agent:

If Changing Registered Agent, Signature of New 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 608, 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.

f amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager Managing Member being added or removed from our records:

GR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action
MGR	SANCTUARY AT BAY HILL CONDOS INVESTMENTS LLC	5535 Osprey Isle Ln. Orlando, FL 32819	Add Remove
MGRM	Dwight Saathoff	5535 Osprey Isle Ln. Orlando, FL 32819	Add ✓ Remove
MGRM	Gold Standard Homes LLC	27 North Summerlin Ave. Orlando, FL 32801	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	
			
			
Dated	January 4 , <u>201</u>	$\frac{1}{2}\sqrt{1+\frac{1}{2}}$	
	Signature of a member of		
	Typed o	wight Saathoff r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00