# LIIOOCO90786

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## **COVER LETTER**

SILVER SA SUBJECT:	ANDS LONGBOAT, LLC		
SUBJECT.	Name of Limited Liability Company		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.		
Please return all correspon	indence concerning this matter to the following:		
	CHARLES L STARR		
	Name of Person		
	SILVER SANDS LONGBOAT, LLC		
	Firm/Company		
	1626 RINGLING BLVD, STE 500		
	Address		
	SARASOTA, FL 34236		
	City/State and Zip Code		
	LSTARR@R1A.COM	A. S	
	E-mail address: (to be used for future annual report notification)	- C.	
For further information co	oncerning this matter, please call:	2016 NOV 2 SECRETAR ALLAHASS	I
KAROLINA WIECZORI	EK 941 487-1228 at ()	23 VRY (	
Name of		_ `	J
Enclosed is a check for the	ne following amount:	<b>≯</b>	
■ \$25.00 Filing Fee	Certificate of Status Certified Copy Ce (additional copy is enclosed)	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)	

MAILING ADDRESS:

Registration Section
Division of Corporations

TO:

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

SILVER SANDS LONGBOAT, 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 8/8/2011 and assigned Florida document number L11000090786 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) T ₩ 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

#### 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.

City

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	DAVID H ROSENBERG	1626 RINGLING BLVD, STE 500	🗖 Add
		SARASOTA, FL 34236	■ Remove
		<del></del>	☐ Change
MGR	CLS FAMILY PARTNESHIP, LP	4030 GULF OF MEXICO DRIVE	Add
		LONGBOAT KEY, FL 34228	☐ Remove
			Change
			□ Add
			Remove
		<del></del>	☐ Change
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record specifies a delayed effective date, but r the 90th day after the record is filed.	not an effective	time, at 12:01	a.m.	on the ea	rlier
ed November 22 2016	·				
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Signature of a member or au	anorized representati	ve or a member			

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Filing Fee: \$25.00