L11000096169

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08/29/11-01045-005

COVER LETTER

TO: Registration S Division of Co						
SUBJECT:	Sadler F	Properties, LLC				
***************************************	Name of Lim	ited Liability Company				
The enclosed Articles o	f Amendment and fee(s) are sul	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Heather M. Reynolds				
	Name of Person					
Hathaway & Reynolds, PA						
		Firm/Company				
	50 A1A North, Ste 108					
Address						
	Ponte Vedra Beach, FL 32082					
						
	E-mail address: (to be used for future annual report notification)					
For further information	concerning this matter, please o	all:				
Hea	ather Reynolds	at (904)	567-1186			
Name	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**

FILED

11 AUG 29 AM 10: 33

Sadler Pro	perties, LLC	SECRETA TALLAHA	ARY OF STATE SSEE, FLORIDA
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears Liability Company)	s on our records.)	JJEE, FLU KIDA
The Articles of Organization for this Limited Liability Compar	ny were filed on	8/22/11	and assigned
Florida document number <u>L11000096169</u>			
This amendment is submitted to amend the following:	,		
A. If amending name, enter the new name of the limited lia	bility company here	:	
The new name must be distinguishable and end with the words "Lir" "L.L.C."	nited Liability Compan	ny," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable:	skirken er er er		
(Principal office address MUST BE A STREET ADDRESS)	- · · · · · · · · · · · · · · · · · · ·		
Enter new mailing address, if applicable:	125 Clearlake	Drive	
(Mailing address MAY BE A POST OFFICE BOX)	Ponte Vedra Beach, FL 32082		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he	office address on ou ere:	ır records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	City	, Florida	Zip Code
New Registered Agent's Signature if changing Pogistered Agen	la .		

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.

If Changing Registered Agent, Signature of New Registered Agent

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

, MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
·			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	FILE AUG 29 CRETARY C
			AN 10: 33
Dated	August -6, 20,	1/	
	- /	or authorized representative of a member	

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Filing Fee: \$25.00