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T. CLINE
SEP 2 8 2012
EXAMNER



COVER LETTER

TO:	Registration Sec Division of Corp		<i>i.</i>	
SUBJI	ECT:	Sugar Sands Name of Limit	Property Management, LLC ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		Day	niel Johnson Name of Person	
		Sugar San	nds Property Management LLC Firm/Contpany	
		249 hu	Muatur Drive	
		Panama (City Beach F1. 32413 City/State and Zip Code	
		DT 32413	to be used for future annual report notification)	
For fu	rther information co	ncerning this matter, please c	cali:	
_D	aniel Jame of	Person	at (850) 694-5055 Area Code & Daytime Telephone Number	
Enclos	sed is a check for the	e following amount:		
⊠ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy, is enclosed)	24 Mg 344
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ntion Section of Corporations x 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	The second secon

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sugar Sands Property Dame of the Limited Liability Company	as it now appears on our records.)				
(A Florida 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					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
The new name must be distinguishable and end with the words "Limite"L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation				
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)					
B. If amending the registered agent and/or registered office address here					
Name of New Registered Agent:	·				
New Registered Office Address:	7.1 - P- 1				
	Enter Florida street address				
	City , Florida Zip Code				
New Registered Agent's Signature, if changing Registered Agent:					
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and comple					

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 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

MGRM = Managing Member **Type of Action Address** Title Name Debra L Gerhart 249 Lullwater Drive Panama City Beach, Fl. 32413 MGRM Remove ☐ Add Remove ☐ Remove Add Remove ∏Add Remove $\neg Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) Dated September 25 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00