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SECRETARY OF STATE SECRETARY OF STATE LORIDA APR 17 PH 2: 30

APR 10 2017 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: Sandy Feet Construction UC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Daniel Ortiz Name of Person
Daniel Ortiz Firm/Company
1900 W Beach Dr.
Parama City Fl. 32401 City/State and Zip Code
Danie 101+1235 (a) Yanoo · Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Daniel Ottiz at (850) 359-6055 Name of Person at (850) Daytime Telephone Number
Englosed is a check for the following amount:
\$25.00 Filing Fee \$\simeg \text{\$\sigma}\$30.00 Filing Fee & \$\sigma \text{\$\sigma}\$55.00 Filing Fee & \$\sigma \text{\$\central}\$60.00 Filing Fee, \$\text{\$\central}\$ Certificate of Status & \$\text{\$\central}\$ 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

Sandy Feet (Name of the Limited Lia	onstruction UC ability Company as it now appears on our records.) orida Limited Liability Company)
The Articles of Organization for this Limited Liabilit	y Company were filed on 1/25/2012 and assigned
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 contain the words " Enter new principal offices address, if applicable:	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 1900 N Beach Drive.
(Principal office address MUST BE A STREET AD	DRESS) Panama City ift. 3240/
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PR 1 PR 2
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 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.

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

☐ Remove

☐ Change

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fectiv	we date, if other than the date of filing: $\frac{3/4/2017}{}$ (optional)	
an effe	ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	o 605,0207 (3) e listed as the
	nt's effective date on the Department of State's records.	
reco	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ϵ	arlier of:
	90th day after the record is filed.	
ated _S	8/4/2017	
	200	
(Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00