

L12000035590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

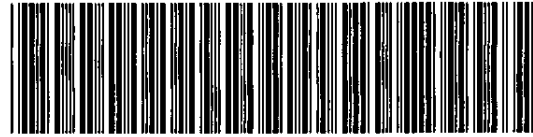
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sand Lake Trust, LLC
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:

Laura Hope Richards, Esq.

Name of Person

Sand Lake Trust, LLC

Firm/Company

151 Southhall Lane, Suite 230

Address

Maitland, FL 32751

City/State and Zip Code

ben@equityfirst.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Hope Richards

Name of Person

at (407)

478-5051

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**

Sand Lake Trust, 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 March 12, 2012 and assigned Florida document number L12000035590.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

151 Southhall Lane, Suite 230

(Principal office address MUST BE A STREET ADDRESS)

Maitland, FL 32751

Enter new mailing address, if applicable:

151 Southhall Lane, Suite 230

(Mailing address MAY BE A POST OFFICE BOX)

Maitland, FL 32751

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:

Laura Hope Richards, Esq.

New Registered Office Address:

151 Southhall Lane, Suite 230

Enter Florida street address

Maitland

, Florida

City

32751

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 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

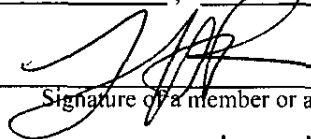
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|---|--|
| MGR | Laura Hope Richards, Esq. | 151 Southhall Lane, Suite 230 Maitland, FL 32751 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Benjamin Yonge | 5717 Bay Side Drive Orlando, FL 32819 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MEMBER | Benjamin Yonge | 5717 Bay Side Drive Orlando, FL 32819 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated April 12, 2012



Signature of a member or authorized representative of a member

Laura Hope Richards

Typed or printed name of signee