L12000056581

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12 MAY 11 PM 3: 04 SECRETARY OF STATE TALLAHASSEE, FLORID

C. LEWIS

MAY 1 4 2012

EXAMINER

COVER LETTER

то:	Division of Corpo			• •••·	16 4 144
v **" SUBJE	· CCT:	SANDSHO	RE GROUP, LLC		
~ C 25 G 2		Name of Limi	ted Liability Company		
The en	closed Articles of A	mendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
			STACEY SWINTON		
			Name of Person		
		SAN	DSHORE GROUP, L	LC	
			Firm/Company		
2840 WEST BAY DRIVE # 240					
Address					
		8FLL	EAIR BLUFFS, FL 33	3770	
			City/State and Zip Code		
		E-mail address: (to be used for future annual repo	ort notification)	
For fur	ther information cor	ncerning this matter, please of	eall:		
	STACE	EV SWINTON	at (727)	480-3136	3
STACEY SWINTON Name of Person			Area Code &	Daytime Telephone	
Enclos	ed is a check for the	-			
✓ \$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	nclosed) C	.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)
MAILING ADDRESS: Registration Section		STREET/C	COURIER ADDR	ESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

12 MAY 11 PM 3: 04 SANDSHORE GROUP, 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 APRIL 26, 2012 and assigned L12000056581 Florida document number 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." 1130 CLEVELAND STREET Enter new principal offices address, if applicable: SUITE 284 (Principal office address MUST BE A STREET ADDRESS) CLEARWATER, FL 33755 2840 WEST BAY DRIVE Enter new mailing address, if applicable: # 240 (Mailing address MAY BE A POST OFFICE BOX) BELLEAIR BLUFFS, FL 33770 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 , Florida City New Registered Agent's Signature, if changing Registered Agent:

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

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 = Ma MGRM = N	nager Janaging Member	•	
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	STACEY SWINTON	2840 WEST BAY DRIVE # 240 BELLEAIR BLUFFS, FL 33770	Add ☐ Remove
<u>MGRM</u>	STACEY SWINTON	2840 WEST BAY DRIVE # 240 BELLEAIR BLUFFS, FL 33770	Add Remove
MGRM	MARCIA SWINTON	2840 WEST BAY DRIVE # 240 BELLEAIR BLUFFS, FL 33770	Add ₹ Remove
			Add Remove
			AddRemove
			AddRemove
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessa	ery.)
			T2 MAY I
Dated	Signature of a mem	aber or authorized representative of a member	ILED I PH 3: 0 Ni up St. I
		STACEY SWINTON	₽ 2
	Tv	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00