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2012 JUN 22 PM 12: 07

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	SAS HARBOR	ENTERPRISES LLC	
Sebster:		ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	ED	WARD WESTERVELT	
		Name of Person	
	SAS H	RBOR ENTERPRISES LLC	
		Firm/Company	
		4905 SE DIXIE HWY	<u> </u>
		Address	
		STUART, FL 34997 City/State and Zip Code	
	FD@P	REMIERBOATCLUB.COM	
	E-mail address: (	to be used for future annual report notific	eation)
For further information	on concerning this matter, please of	call:	
	ARD WESTERVELT	at ( 772 ) Area Code & Daytime	315-1761
· · ·	ne (1 1 2133)	Auda codo de Day IIII de	, or other transfer
Enclosed is a check for	or the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Section 1 Section 2 Sectio
	AILING ADDRESS: gistration Section	STREET/COURII Registration Section	
Division of Corporations P.O. Box 6327		Division of Corpora Clifton Building	ations
Tallahassee, FL 32314		2661 Executive Cer	nter Circle

. Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2012 JUN 22 PM 12: 07

SAS HARBOR ENTERPRISES LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(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 Lia	•	06/06/2012	and assigned
Florida document number L120000757	<del>747</del> .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)		<u></u>
		<del></del> .	
Enter new mailing address, if applicable:			·
(Mailing address MAY BE A POST OFFICE B	BOX)		
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	C'.	, 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 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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGMR	SHERRI WESTERVELT	4905 SE DIXIE HWY STUART, FL 34997	Add Remove
			Add Remove
			Add Remove
1			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter cl	nange(s) here: (Attach additional sheets, if necess	
			FILE I
Dated	JUNE 15	2012 Nilyul	PHIZ: 07 OF STATE E. FLORIDA
	Signature of a me	ember or authorized representative of a member	<del></del>
	ED	WARD T WESTERVELT Typed or printed name of signee	
		yped of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00