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## **COVER LETTER**

Division of Corpo	orations		
OF TRANS	*		
SUBJECT:    Name of Limited Liability Company			
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspond	lence concerning this matter to	o the following:	
	Sonia Sliger-Luscombe		
		Name of Person	
	235 Friesian Way Enterprise	e, LLC.	
		Firm/Company	
	6671 Sylvan Woods Dr.		
		Address	<del></del>
•	Sanford, FL 32771		
	·	-	tion)
For further information con	cerning this matter, please cal	ll:	
Sonia Sliger-Luscombe			
Name of F	erson		elephone 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:

TO:

**Registration Section** 

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

235 Friesian Way Enterprises, LLC.		
( <u>Name of the Limited Liability Co</u> (A Florida Limi	nipany as it now appears on our records ted Liability Company)	<u>(,)</u>
The Articles of Organization for this Limited Liability Comp	any were filed on 11-26-12	and assigned
Florida document number L12000148051		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Sparrow's Landing, LLC.		
The new name must be distinguishable and contain the words "Limited L	iability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	5)	
		22.7.5
		S. CA
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
11. W. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		for mi
		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	<b>F</b> In	rida
<del>*****</del>	City , T 10	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 Title **Address Type of Action** <u>Name</u> □ Add \_□ Remove \_ Change □ Add \_□ Remove ☐ Change \_□ Add ☐ Remove Shange □ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_ Add ☐ Remove

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September 7, 2016		GE)	' w 4.
ctive date, if other than the date of filing:  September 7, 2010  September 7, 2010  September 7, 2010  The date of filing or more date is listed, the date must be specific and cannot be prior to date of filing or more date.	(optional)	7	

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Filing Fee: \$25.00