L130000022433

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	· #)
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(Bu	siness Entity Nam	ne)
(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co	ection rporations		
St Lucie R	eferrals. LLC		
SUBJECT:	Name of Limited	£1 lability Company	
The enclosed Articles o	f Amendment and fee(s) are submi	tted for filling.	
Please return all corresp	ondence concerning this matter to	the following:	
	G. F. Hoge, Jr		
		Name of Person	
	Sandollar Realty LLC		
		Firm Company	
,	11949 SW Aventino Dr.		
		Address	
	Port St Lucie, FL 34987		
		City State and Zip Code	
	geof@thereagents.com		
	E-mail address: (to	be used for luture annual repor-	notification)
For further information	concerning this matter, please call		
G. F. Hoge, Jr.		772 216-700	.ī
Name	of Person	Area Code Di	sytime Felephone Number
Enclosed is a check for	,		
□ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Z \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addr	ress:	Street Addre	555

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, F1, 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

St Lucie Referrals, 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 and assigned Florida document number £13000022433 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Sandollar Realty, L.I.C. The new name must be distinguishable and contain the words "I imited I jability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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>	<u>Name</u>	<u>Address</u>	Type of Action
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			ZRemove
			Change
			TRemove
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	(optional)	
cetive date, if other than the date of filing: n effective date is listed, the date must be specific and ca	anot be prior to date of filing or more than 90 days after filing.) Pursuar	n to 605,020°
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ecord specifies a delayed effective date, but not ar	effective time, at 12:01 a.m. on the earlier of: (b). The 90th d	lay after the
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Typed or printed name of signee