## L1300001842

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SECRETARY OF STATE

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations

SANDY PALMS L.L.C.

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:

William M Sandberg

Name of Person

SANDY PALMS L.L.C.

Firm/Company

1160 Girvin Rd

Address

Jacksonville, FL 32225

City/State and Zip Code

bill.sandberg@gmail.com

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

For further information concerning this matter, please call:

Bill Sandberg

Name of Person

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

SANDY PALMS L.L.C.			
(Name of the Limited Liabil (A Florid	lity Company as it now app la Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on A	APRIL 29, 2013	and assigned
Florida document number L13000061842	·		
•			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the li</u>	mited liability company l	iere:	
-			
The new name must be distinguishable and end with the w'L.L.C."	words "Limited Liability Con	npany," the designation "Ll	C" or the abbreviation
Enter new principal offices address, if applicable:	<u></u>		
Principal office address MUST BE A STREET ADI	DRESS)		
			-
Enter new mailing address, if applicable:	1		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg	istered office address of	n our records, <u>enter th</u>	e name of the new
registered agent and/or the new registered office ac	<u>ldress here</u> :		•
No. of CNI and the state of the			
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street addr	ess
		, 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 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
MGRM	William C Sandberg	1160 Girvin Rd	Add
		Jacksonville, FL 32225	Remove
MGRM	Susan A Sandberg	1160 Girvin Rd	Add
		Jacksonville, FL 32225	Remove
	;		Add
			Remove
			Add
		<del> </del>	Remove
			Add
		TALLAH	Remove
		VSSE E	
		FLORIDA	Remove

D. If amend	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
• ``	
<del></del> -	
Dated Jur	ne 7, <u>2013</u>
	elle Page
٠.	Signature of a member or authorized representative of a member
	William M Sandberg III
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

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