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COVER LETTER.

TO:

Registration Section
Division of Corporations

SUBJECT.

Auburndale Sand Castle, LLC

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:

Dwight Head

Name of Person

Auburndale Sand Castle, LLC

Firm/Company

218 E. Park Street

Address

Auburndale, FL 33823

City/State and Zip Code

landsrealestate@aol.com

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

For further information concerning this matter, please call:

Ginger Lands

407 436-8076

Name of Person

Area Code & Daytime Telephone 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:

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

Auburndale Sand Castle, LLC					
(<u>Name of the Limited Liability</u> (A Florida L)	Company as it now appears on our reimited Liability Company)	ecords.)		_	
The Articles of Organization for this Limited Liability Co			and	l assie	zned
Florida document number L13000090227					,
	_ :				
This amendment is submitted to amend the following:					
A. If amending name, <u>enter the new name of the limit</u>	ted liability company here:				
The new name must be distinguishable and end with the word L.L.C."	ds "Limited Liability Company," the des	signation "LI	JC" or t	the abl	breviation
Enter now principal offices address if amiliables					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRI	ESS)			Ψ	
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Enter new mailing address, if applicable:		!	m Ç		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)				26	
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			-	64	
B. If amending the registered agent and/or registe		ls, <u>enter th</u>	e nam	e of	the nev
registered agent and/or the new registered office addre	ess here:				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida	street addr	ess		
		lorida		-	
	City		Zip C	ode:	

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>	Name	Address	Type of Action
MGR	Ginger Lands	24 The Village Blvd.	Add
		Winter Haven, FL 3388	0 Remove
			Add
			Remove
		TALLAHASSEE, FLORIDA	
			Add Remove
			Add Remove
			Remove

) D. Homand	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
D. II AMERU	nug any pener information, enter change(s) here: (Anach additional sheets, if necessary.)
Dated Octo	ober 16, 2013
	Out Hw
	Signature of a member or authorized representative of a member
,	Dwight Head
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEF FLORINA