## L13000099536

(Red	questor's Name)		
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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	s of Status	
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## COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sand Castles Construction, 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:

**Shannon Telesca** 

Name of Person

Sand Castles Construction, LLC

Firm/Company

3402 San Remo Circle

Address

Homestead, Florida 33035

City/State and Zip Code

ginotelesca@aol.com

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

For further information concerning this matter, please call:

Shannon Telesca

\_305**、484-832**0

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

Sand Castles Construction, LLC					
(Name of the Limited Liabil (A Florid	lity Company as	it now appears on ou	r records.)		
The Articles of Organization for this Limited Liability Florida document number L13000099536				_ and assigned	
This amendment is submitted to amend the following:	:				
A. If amending name, <u>enter the new name of the li</u>	imited liability	company here:			
The new name must be distinguishable and end with the v "L.L.C."	words "Limited I	iability Company," the	e designation "LLC	" or the abbrev	iation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)			<del></del>	<u>ڪ</u> .
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	  !				
B. If amending the registered agent and/or regregistered agent and/or the new registered office a		address on our re-	cords, enter the	name of the	new
registered agent and/or the new registered office a	daress nere.				
Name of New Registered Agent:				<u>ದ</u>	<u></u>
New Registered Office Address:	······································	Enter Flo	rida street addres		<u>.</u>
		2	_, Florida	里四	,
New Registered Agent's Signature, if changing Registe		ity	ORID	Zip Code	
NEW MEXISTETCH WASHER & SIMILATORS II COMUNDO REVISIT	CICU AYCIIL		The		

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	Francis E. Telesca	3402 San Remo Circle	✓ Add	
		Homestead, Florida 3303	5 Remove	
			_	
<del></del>	<del></del>		Ađd	
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D. If amending any other infor	rmation, enter change(s) here: (Attach additional sheets, if necessar	y.)
	•	
Dated July 18	<u>2013</u> .	
Shanna	M Talesa	
	Signature of a member or authorized representative of a member	
Shannon M.	Telesca	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00