## L13000140053

(Re	questor's Name)
(Ad	dress)
(Ad	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

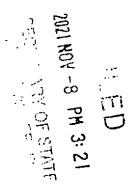
Office Use Only

A. RIVERS
DEC - 1 2021



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## **COVER LETTER**

SUBJECT:    SANIBEL CAPTIVA REFERRAL COMPANY, 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:  RONALD L. GRAHAM  Name of Person  RONALD L. GRAHAM & COMPANY, P. A.  Firm/Company
Please return all correspondence concerning this matter to the following:  RONALD L. GRAHAM  Name of Person  RONALD L. GRAHAM & COMPANY, P. A.  Firm/Company
Please return all correspondence concerning this matter to the following:  RONALD L. GRAHAM  Name of Person  RONALD L. GRAHAM & COMPANY, P. A.  Firm/Company
Name of Person  RONALD L. GRAHAM & COMPANY, P. A.  Firm/Company
RONALD L. GRAHAM & COMPANY, P. A.  Firm/Company
Firm/Company
4712 CATTAIN A 4 00 00 00 00 00
4713 CATTAIL LAGOON WAY
Address
PONTE VEDRA BEACH, FL 32082-3007
City/State and Zip Code
rgraham1@aol.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RONALD L. GRAHAM 239 472-7001
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{S30.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \$\times \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}
Mailing Address:  Registration Section  Street Address:  Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## SANIBEL CAPTIVE REFERRAL COMPANY, 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 Li	iability Company v	were filed on	and assigned
Florida document number L13000140053	·		an assigned
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liabil	ity company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica			
(Principal office address MUST BE A STREE	T ADDRESS)		
	<del></del> -		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u>BOX)</u>		
B. If amending the registered agent and/or reagent and/or the new registered office address	egistered office ad	dress on our records, <u>s</u>	enter the name of the new registered
agent and/or the new registered office address	s nere:		
Name of New Registered Agent:	ELIZABETH A.	GEE	
Name of New Registered Agent.		· · · · · · · · · · · · · · · · · · ·	2821
New Registered Office Address:	2807 WEST GUI	F DRIVE  Enter Florida street o	address 2
	SANIBEL	Lines I tortain street t	1
	SANIBEL	Citv	_, Florida 3339\$7-5901
New Registered Agent's Signature, if changing Re	evistered Avent	City	9
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 prope accept the obligations of my position as regist	r and complete po tered agent as pr	erformance of my dutie ovided for in Chapter (	28, and I am familiar with and
being filed to merely reflect a change in the re	egistered office a	ddress, I hereby confir	m that the limited liability
company has been notified in writing of this c	nange. —	1	

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 add-

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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ctive date, if other than the effective date is listed, the date in	ie date of filing:	rior to date of filing or my	(optional)	Dumment to 605 020
<u>e:</u> If the date inserted in this I	block does not meet the app	olicable statutory filing	requirements, this date	will not be listed a
ument's effective date on the	Department of State's reco	rds.		
ord specifies a delayed effecti filed.	ive date, but not an effective	e time, at 12:01 a.m. o	on the earlier of: (b) Th	e 90th day after th
inted.				
NOVEMBER 4	2021			
		•		
7 (2)	10 1 -	_		
Elizab	Signature of a member or a	thorized representative of	of a member	
<u>Elizaib</u>	Signature of a member or as	uthorized representative of	of a member	<del></del>