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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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TALLAHASSEE FLORID

COVER LETTER

Division of Corp	orations		
SUBJECT: Sanib	el Five, LLC		
SUBJECT.		ed Liability Company	
The enclosed Articles of A	mendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	o the following:	
	Anita L. Fine	!	
	•	Name of Person	MIN
		Firm/Company	
	7300 4th Ave	enue South	
		Address	
	St. Petersbu	rg Florida 33707	
		City/State and Zip Code	
	afine@farragut.or		
	E-mail address: (to	o be used for future annual report notific	ation)
For further information co	ncerning this matter, please ca	11:	
Anita L. Fine	9	at (727) 278-16	660
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

Sanibel Five, LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<u>,,</u>
(At Fortida Entantity Company)	
The Articles of Organization for this Limited Liability Company were filed on January 6, 2014	and assigned
Florida document number L14000002398	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" o	r 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)	
D. If any Part About Any and Any Any Part Any	
B. If amending the registered agent and/or registered office address on our records, energistered agent and/or the new registered office address here:	nter the name of the new
	产度 元
Name of New Registered Agent:	00 P
Name of New Registered Agent.	
New Registered Office Address:	SS 70 12mm
Enter Florida street address	
, Florid	a = 50 = 1
City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	©m W

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address Type of	<u>Action</u>
MGR	Richard A. Boehning	1605 Middle Gulf Drive	
		Unit 105 ■ Rem	ove
		Sanibel Florida 33957	
MGR	Phyllis L. Boehning	1605 Middle Gulf Drive	
		Unit 105 ■ Rem	ove
		Sanibel Florida 33957	
AMBR	Anita L. Fine	7300 4th Avenue South	
		St. Petersburg, Florida 33707	ve
		Add	
		Renga	/e
		AHAZA	Creamer
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		Add	
		□ Remov	۵
		Li Remov	

D.	amending any other information, enter change(s) here: (Attach additional sheets, if necessary	y.)
		
Е.	ffective date, if other than the date of filing: (optional) the effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)	ı
	September 30 2014	
	A nita L. Tima Signature of a member or authorized representative of a member	
	Signature of a member or authorized representative of a member Anita L. Fine	

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF SIMIL