L14000012691

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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

SANDY RIDGE GR LAND, 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:

Daniel E. Manausa

Name of Person

Manausa Law Firm, P.A

Firm/Company

1701 Hermitage Blvd., Suite 100

Address

Tallahassee, FL 32308

City/State and Zip Code

danny@manausalaw.com

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

For further information concerning this matter, please call:

Daniel Manausa

₄,850,597-7616

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

SANDY RIDGE GR LAND			
(Name of the Limit	ed Liability Compa (A Florida Limited	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited L Clorida document number L14000012691	iability Company	were filed on <u>01-23-20</u>	014 and assigned
his amendment is submitted to amend the following	owing:		
. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A			
he new name must be distinguishable and end with the	words "Limited Lial	bility Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A	
<u>Principal office address MUST BE A STREE</u>	T ADDRESS)		A S
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	<u>BOX)</u>	N/A	EB 27 AM ID: N2 RETARY DF STATE WHASSEE, FLORID
B. If amending the registered agent and egistered agent and/or the new registered of Name of New Registered Agent:			13
Name of New Registered Agent.	NI/A		
New Registered Office Address:	N/A	Enter Florida stree	t address
			, 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 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> <u>Name</u> Address **Type of Action** 1317 Preakness Point **MEMBER** GRFLA HOLDINGS, LLC ■ Add Tallahassee, FL 32308 **KEEP AS MANAGER** James G. Bettinger Manager □ Add □ Remove Michael F. Zoda **KEEP AS MANAGER** Manager □ Add ☐ Remove ☐ Remove

N/A		
ctive date, if other than the frective date must be specific, can late this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and callorida Department of State)	nnot be more than 90 days after
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date this document is filed by the F	e date of filing: not be prior to date of receipt or filed date and callorida Department of State) 2014	(optional) nnot be more than 90 days after
date this document is filed by the F	lorida Department of State)	

Page 3 of 3

Filing Fee: \$25.00

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