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SECRETARY OF SINIE

SEP 1.1 2014 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: SACRED SANCTUARY, LLC Name of Limited Liability Company
Name of Elimited Elability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
ROBERT M. KEEFE, JR. Name of Person SACREY SANCTUARY Firm/Company
512 SE 37th TERRACE
City/State and Zip Code ROBERT. M. HEEFE @ ME. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Robert M. Kette Je at (863) 610 3065 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

SACRET SAU	CTUARY, LIC	
	Company as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Com Florida document number $\underline{L/40000744758}$.	111	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
The new name must be distinguishable and end with the words "Limited	d Liability Company," the designation "LLC" or the abbre	viation "L.L.C." .~
Enter new principal offices address, if applicable:	200	<u>.</u> <u></u>
(Principal office address MUST BE A STREET ADDRES		SECHLIA VISION OF VISION OF
Enter new mailing address, if applicable:		ഗ 중한테
(Mailing address MAY BE A POST OFFICE BOX)		9: All
B. If amending the registered agent and/or registere registered agent and/or the new registered office address	ed office address on our records, <u>enter the</u> <u>s here</u> :	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Tip 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

$\mathbf{AMBR} = \mathbf{A}$	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Bianca K. Keefe	512 SE 31 H Terr. Okee Chober, FL 34974	Add
		Okee Chober, FL 34974	: Řemove
Y <u>n</u> Gr	Robert M. Keefe,	512 SE 3745 Terri OKeechobee, FL 34974	dAdd
	9,	Okeechobee, FL 34974	□ Remove
			□ Remove
************			SECRE BIVISION
			_□ Remove示力 □ STE
			다 STACE
			□ Remove
			_
			□ Add
			_□ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if nec	200 an y.,
FEI / EIN: 46-5609043	
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Effective date, if other than the date of filing: (opti	onal)
	VIIII)
	after
the date this document is filed by the Florida Department of State)	after
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days the date this document is filed by the Florida Department of State) Dated SEPTEMBER 2 2014,	after
the date this document is filed by the Florida Department of State)	after
Dated SEPTEMBER 2 2014,	after
the date this document is filed by the Florida Department of State)	after

Page 3 of 3

Filing Fee: \$25.00