

L14 0000 78755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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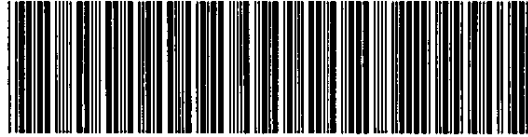
(Business Entity Name)

(Document Number)

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J. Shivers FEB 23 2015

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-15 FEB 17 AM 11:55
SECRETARY OF STATE
ALABAMA, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1100 Sand 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:

CHRIS CONA
Name of Person
Treiser Collins PL
Firm/Company
3080 TAMM Trail E.
Address
Naples, FL 34112
City/State and Zip Code
CCONA@sunfla.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRIS CONA at (239) 649-4900
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**

1100 Sand 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 Liability Company were filed on 5/13/14 and assigned
Florida document number LL14000078399.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1001 10th Ave S.
Naples, FL 34102

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Chris Conn Esq.

New Registered Office Address:

3080 TAMiami TRAIL E.

Enter Florida street address

Naples

City

Florida

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.

 FBN 014418
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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Frank Meak	7631 Palmer Court	<input type="checkbox"/> Add
		Naples, Fla 34112	<input checked="" type="checkbox"/> Remove
AMBR	Pinnacle Asset Trust LLC	1001 10 th Ave S.	<input checked="" type="checkbox"/> Add
		Naples, Fla 34102	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[Handwritten line crossing out the section]

E. Effective 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)

Dated

February 6, 2015

Signature of a member or authorized representative of a member

Chris Coma FBN 0141178

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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AND ADMINISTRATIVE SERVICES
FLORIDA