L15000010889

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
W15-49482





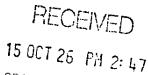
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FLORIDA DEPARTMENT OF STATE TARY OF STATE Division of Corporations delical ASS. L., FLORIDA

October 20, 2015

ANNE R. HUGHES 1439 EMERALD BAY DR DESTIN, FL 32541

SUBJECT: MYSTERIES UNLEASHED, LLC

Ref. Number: L15000010889

We have received your document for MYSTERIES UNLEASHED, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 215A000221894

FILED

COVER LETTER

Mysteries Ur SUBJECT:	nleashed, LLC	
SUBJECT.	Name of Limited Liability Company	
	Amendment and fee(s) are submitted for filing. Indence concerning this matter to the following:	
	Anne R Hughes	
	Name of Person	
	Sand Dollar Books	
	Firm/Company	
	1439 Emerald Bay Dr	
	Address	—— = 1
	Destin, FL 32541	2015 (SECR ALLA
	City/State and Zip Code mysterybuff17@gmail.com	2015 OCT 23 F
For further information con	E-mail address: (to be used for future annual report notification) ncerning this matter, please call:	OF STA
Anne R		O J
Name of I		Number
Enclosed is a check for the	1.7	
□ \$25.00 Filing Fee	(additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy dditional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Division of Corporations

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

Mysteries Unleashed, LLC			
(<u>Name of the Limit</u>	ed Liability Compa (A Florida Limited I	iny as it now appears on our r Liability Company)	ecords.)
The Articles of Organization for this Limited L.	ability Company	were filed on January 20, 2	2015 and assigned
Florida document number L15000010889	·		
This amendment is submitted to amend the following	owing:		
A. If amending name, <u>enter the new name o</u>	f the limited liab	ility company here:	
Sand Dollar Books, LLC			
he new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1439 Emerald Bay Dr	
Principal office address MUST BE A STREE		Destin, Florida 32541	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		1439 Emerald Bay Dr Destin, Florida 32541 ffice address on our receive:	SECRETARY OF STATE CORDS, enter the game of the
		-	
Name of New Registered Agent:	Anne R Hughe	S	
New Registered Office Address:	1439 Emerald I	Bay Dr	
		Enter Florida street o	address
	Destin		_, Florida ³²⁵⁴¹
		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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
			Change
			☐ Add
			□ Remove
			☐ Remove
			Change
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			Add T
			Change Change
			Remove
			Change
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The purpose of this organ	ization is to sell new	v and used books, r	eading accoutreme	ents, gifts and ot	her related	
items						
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ctive date, if other than t	he date of filing:			(optional	<u>;</u> 3	
effective date is listed, the date is: If the date inserted in this ment's effective date on the	s block does not mee	et the applicable sta	of filing or more than ututory filing requi	90 days after filing rements, this date	g.) Pursuant to e will not be	605.0 listed
ecord specifies a delay e 90th day after the r	/ed effective dat	ce, but not an e	ffective time,	at 12:01 a.m.	on the ea	arlier
<u> </u>						
1 10/22 /	,	2015				
\mathcal{A}	Signature of a more	mber or authorized ro	onreconstitue of a mo	mher		
^	D.B	, 01 4411011001				

Page 3 of 3

Filing Fee: \$25.00