## L15000027673

| (Requ                      | uestor's Name)    |          |
|----------------------------|-------------------|----------|
| (Addr                      | ess)              |          |
| (Addr                      | ess)              |          |
| (City/:                    | State/Zip/Phone # | *)       |
| PICK-UP                    | WAIT              | MAIL     |
| (Busi                      | ness Entity Name  | )        |
| (Docu                      | ument Number)     |          |
| Certified Copies           | Certificates o    | f Status |
| Special Instructions to Fi | ling Officer:     |          |
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## **COVER LETTER**

| то:          | Registration Sec<br>Division of Corp |                                              |                                                                     |                                                                                            |
|--------------|--------------------------------------|----------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| CIIDI        | Lit'l Bit of I                       | PLLC                                         |                                                                     |                                                                                            |
| SUBJ         | ECI:                                 | Name of Lim                                  | ited Liability Company                                              |                                                                                            |
| The er       | nclosed Articles of                  | Amendment and fee(s) are sub                 | mitted for filing.                                                  |                                                                                            |
| Please       | return all correspon                 | ndence concerning this matter                | to the following:                                                   |                                                                                            |
|              |                                      | Timothy J. Bruehl                            |                                                                     |                                                                                            |
|              |                                      | <del> </del>                                 | Name of Person                                                      |                                                                                            |
|              |                                      | Waggoner & Bruehl, P.A.                      |                                                                     |                                                                                            |
|              |                                      |                                              | Firm/Company                                                        | <del> </del>                                                                               |
|              |                                      | 5400 Pine Island Rd., Suite                  | e D                                                                 |                                                                                            |
|              |                                      |                                              | Address                                                             | ,                                                                                          |
|              |                                      | Bokeelia, Florida 33922                      |                                                                     |                                                                                            |
|              |                                      |                                              | City/State and Zip Code                                             |                                                                                            |
|              |                                      | debbie@wblegallaw.com                        | to be used for future annual report notific                         | ation)                                                                                     |
| For fu       | rther information co                 | oncerning this matter, please ca             | •                                                                   | ation                                                                                      |
| Timot        | thy J. Bruehl                        |                                              | 239 283-1076<br>at ()                                               | Celephone Number                                                                           |
|              | Name of                              | Person                                       | Area Code Daytime                                                   | Celephone Number                                                                           |
| Enclos       | sed is a check for th                | e following amount:                          |                                                                     |                                                                                            |
| <b>=</b> \$2 | 5.00 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**

| Lit'l Bit of PI LLC                                                                                                                                                                                                                                                                       |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|
| ( <u>Name of the Limited Liabilit</u><br>(A Florida                                                                                                                                                                                                                                       | y Company as it now appe<br>Limited Liability Company                                                                             | ears on our records.)                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| The Articles of Organization for this Limited Liability C                                                                                                                                                                                                                                 | ompany were filed on _                                                                                                            | 2/13/2015                                                      | and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | d assigned                     |
| Florida document number L15000027673                                                                                                                                                                                                                                                      | <u>_</u> .                                                                                                                        |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| This amendment is submitted to amend the following:                                                                                                                                                                                                                                       |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| A. If amending name, enter the new name of the limi                                                                                                                                                                                                                                       | ted liability company                                                                                                             | here:                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| Sanibel by the Sea, LLC                                                                                                                                                                                                                                                                   |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| The new name must be distinguishable and contain the words "Limi                                                                                                                                                                                                                          | ited Liability Company," the                                                                                                      | e designation "LLC" or the                                     | ne abbreviatio                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | n "L.L.C."                     |
| Enter new principal offices address, if applicable:                                                                                                                                                                                                                                       |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| (Principal office address MUST BE A STREET ADDR                                                                                                                                                                                                                                           | ESS)                                                                                                                              |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
|                                                                                                                                                                                                                                                                                           | 01/01/                                                                                                                            |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| Enter new mailing address, if applicable:                                                                                                                                                                                                                                                 | 8160 Moyer I                                                                                                                      |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| (Mailing address MAY BE A POST OFFICE BOX)                                                                                                                                                                                                                                                | Bokeelia, FL                                                                                                                      | 33922                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| B. If amending the registered agent and/or registered agent and/or the new registered office additional engistered agent and/or the new registered office additional engistered Agent:                                                                                                    |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
| New Registered Office Address:                                                                                                                                                                                                                                                            |                                                                                                                                   |                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>.</u>                       |
|                                                                                                                                                                                                                                                                                           | Enter F                                                                                                                           | lorida street address                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                |
|                                                                                                                                                                                                                                                                                           | City                                                                                                                              | , Florida                                                      | IZip (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ode.                           |
| New Registered Agent's Signature, if changing Registered                                                                                                                                                                                                                                  | •                                                                                                                                 |                                                                | 2.5                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and configence accept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change. | and agree to act in thi<br>omplete performance of<br>gent as provided for in<br>d office address, I her<br>If Changing Registered | of my duties, and I do Chapter 605, F.S. reby confirm that the | or, if this of | r with and document is ability |
|                                                                                                                                                                                                                                                                                           | Page 1 of 3                                                                                                                       | A C                                                            | 59 ;                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ,                              |

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 = M $AMBR = A$ | anager<br>uthorized Member |                |                  |
|--------------------|----------------------------|----------------|------------------|
| <u>Title</u>       | <u>Name</u>                | <u>Address</u> | Type of Action   |
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|             |                                                                                                                                                |                                            |
| ffective    | date, if other than the date of filing:                                                                                                        | (optional)                                 |
| f an effect | e date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing or more than 9   | 00 days after filing.) Pursuant to 605.020 |
|             | the date inserted in this block does not meet the applicable statutory filing require t's effective date on the Department of State's records. | ements, this date will not be listed as    |
|             | ·                                                                                                                                              | •                                          |
|             | rd specifies a delayed effective date, but not an effective time,-at                                                                           | t 12:01 a.m. on the earlier o              |
|             | Oth day after the record is filed.                                                                                                             | 12.01 a.m. on the eather o                 |
|             | •                                                                                                                                              |                                            |
|             |                                                                                                                                                | -                                          |
| The 9       | 1-70 0 3017                                                                                                                                    |                                            |
| The 9       | 1-30 / 2017                                                                                                                                    |                                            |
| The 9       | 1-30 J. 2017                                                                                                                                   | 20 m                                       |
| The 9       | DOMG.                                                                                                                                          |                                            |
| The 9       | Signature of a member or authorized representative of a mem                                                                                    | iber In                                    |
|             | DOMG.                                                                                                                                          |                                            |

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Filing Fee: \$25.00