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CUVER LETTER

Registration Section

TO:

Division of Corporations Sandy Shores Profit Sharers Referral LLC SUBJECT: 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: Mathieu Plaisance Name of Person Sandy Shores Profit Sharers Referral LLC Firm/Company 12840 University Drive Address Fort Myers, FL 33907 City/State and Zip Code klrw988@kw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Mathieu Plaisance Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

DocuSign Envelope ID: A64CAC65-8794-484D-AF4A-0A77823647B0 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Sandy Shores Profit Sharers Referral LLC

The Articles of Organization for this Limited Liability Company	were filed on 8/28/2015	and assigned
Florida document number L15000147850		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	ddress on our records, enter the na	2023 NOV
New Registered Office Address:		9
	Enter Florida street address , Florida	PH 2:
New Registered Agent's Signature, if changing Registered Agent:	City:	THE CORN
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as public to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am provided for in Chapter 605, F.S. O	familiar with and r, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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11 amending Authorized rerson(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
AMBR	Joseph Kendall (Broker)	409 Bayshore Drive	□Add
		Cape Coral, FL 33904	≣Remove
			□Change
AMBR	Natascha Tello (Broker)	12840 University Drive	
		Fort Myers, FL 33907	□Remove
			Change
			□Add
			□Remove
			□Change
			\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
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Effective date, if other than the date of filing: [In effective date, if other than the date of filing: [In effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0.207. Where: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. Precord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d is filted. Signature of a member of all historized representative of a member of a me		
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