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## **COVER LETTER**

· TO:

TO: Registration Section Division of Corporations
SUBJECT: Sandy Mile Properties 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:
Sean Polonnell Name of Person
Sandy Mile Properties LLC
155 Pineleaf Pass
Davenport F1 33897 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sean O'Donnell at (407) 717 - 3977  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee S25.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee & Certified Copy (Certified Copy) (additional copy is enclosed)
MAILING ADDRESS:  Registration Section  Division of Corporations  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF					
(Name of the Limited Liability Company askt now appears on our records.)  (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company Florida document number <u>L15 0001679</u> 9 (	were filed on Oct 2, 2015 and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	lity company here:				
The new name must be distinguishable and contain the words "Limited Liabil					
Enter new principal offices address, if applicable:	155 Pineleaf Pass				
(Principal office address MUST BE A STREET ADDRESS)	Davenport Florida				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BON)	155 Pineleaf Pass Davenport Florida				
Graning marcos mai DE ATOST OFFICE <u>DOM</u>	33897				
B. If amending the registered agent and/or registered of	fice address on our records, enter the name of the m				

<u>ew</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:

Sean P O'Donnell

155 Pine leaf Pass

Emer Florida street address

Davenport, Florida 33897

## New Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

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 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
AMBR	Monica O'Donnell	155 Pineleaf Pass	Add
		155 Pineleaf Pass Davenport Fl 338	97 🗆 Remove
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ective date, if other than effective date is listed, the date (e): If the date inserted in th ument's effective date on the	must be specific is block does no	and cannot be prior to date of of meet the applicable state	filing or more than story filing requi	(optional) i 90 days after filing.) rements, this date w	Pursuant to 605.0 fill not be listed
record specifies a dela he 90th day after the			ective time,	at 12:01 a.m. o	n the earlier
ed August 7 Sec	, 2018 1 Signature o	o o' Do Morta	<u> LLL</u>	mber	<del></del>
_	$\circ$	Ornell Typed or printed name of			

Page 3 of 3

Filing Fee: \$25.00